REPORT	of	MEDICAL	EXAMINATION

													•
LAST NAM	1E-FIRST I	IAME-MIDDLE	NAME					12	. GRADE	AND CO	MPONE	ENT OR POSITION	3. IDENTIFICATION NO. •
NERSO	N, Me	erton Ro	oger	** n	÷		•		Spec	ial	Age	ent	
4. HOME AD	DRESS (Nu	mber, street or	RFD, city or to	non, zone d	nd Sta	ie)		1	. PURPOS	E OF E	XAMINA	ATION	6. DATE OF EXAMINATION
1015 2n	d Ave	. FBI,	Seattle	e, Was	h.				Ar	nnua	1		3-20-58
2. SEX	8. RACE		9. TOTAL YRS	. GOVT. SE	RVICE	10. DEP	ARTMENT.	AGENCY.	OR SERVI	CE		11. ORGANIZATION UNI	г
Male	Cauc		MILITARY	CIVILI	AN 7	Jı	stice	Dep	t.		9	SEATTI	LE, WASH.
12. DATE OF		13. PLACE O	F BIRTH				E, RELATIO			ess of I	NEXT (
71 7.15	1920	Wiscon	n a in										
			AND ADDRESS			L		16. OTHE	R INFORM	MATION			
TONING C	ድል ጥጥ፣	E, WASH				*	1.0						
			•				l	er is ru	S CAPACI	TV. TO	CAT	1 ACT CI	K MONTHS
17. RATING C		ICAL EVALU	MOLTA		NO	TES.—	Describe	every al	norma	lity in	detai	I. (Enter pertinent	item number before each
NORSKI ABN	OR-I (Che	ck each iter	n in appropr	iate col-	- 		commen	t: conti	nuo in ii	tem 73	and t	use additional sheet	ts if necessary.)
MA MA	L umi		E." if not ev	aluated)	-	7-2							
X		AD, FACE, NEC	K, AND SCALP		-	125 m							*
X	19. NO												
X	20. SI												
X	21. M	OUTH AND THE		la) (Auditor	,								
X			(Int. & ext.cana acuity under item	s 70 and 71)	4								
X		RUMS (Perforat	•	and motor and	_								
X			(Visual acuity a under items 59, 6	O, and 61)	7							Λ,	ŧ
X		HTHALMOSCO			_	r			,			' H	
X X X X X	1		y and reaction)		_		•					1	<i>XX</i> •
X	27. 00	CULAR MOTILIT	Y (Associated p ments. nystag	mus)	_							1 4 🐧	* *
X	28. LI	INGS AND CHE	ST (Include bre	asts)								1 1	
	29. н	EART (Thrust,	size, rhythm, s	ounds)	_							in the	•
X	30. V	ASCULAR SYST	EM (Varicositie	s, etc.)								WAY VOI	•
X X	31. Al	BOMEN AND V	/ISCERA (Includ	le hernia)								V Mail	V Is
X	32. AI	NUS AND RECT	UM (Hemorrhoid (Prostate if i	s, fistulae) indicated)								M. M.	11/1/1
X		NDOCRINE SYST			7							, (1.)	
X	34. G	-U SYSTEM			7							/	1. 4.7
X	35. U	PPER EXTREMI	TIES (Strength, r	ange of	7								
x	36. FI				7								
X	37. L	OWER EXTREM	ITIES (Except fee	et)									. 1
X			USCULOSKELET		**		2.7100			1.5			
X			DY MARKS, SCA		os l		RECO	KUIS	$D \sim I$.11			
$\frac{x}{x}$		KIN. LYMPHATI		,									
			quilibrium tests u	nder item Te	,			14					
X			pecify any persona			1	1	1 /			,		. 10
X Females o			(Check how dor		一.	<i>[</i>	OLO:	31 33	E		i	157	68
-Karates O			VAGINAL	RECTAL	1/1	2	1. T. P.V			(Con	tinue	in itemerayo	
M. DENTAL			ls above or below		funn	and ion	er teeth. To	pectivela)	,			DITIONAL DENTAL DEFECTS AND
-x-ea 6/m/11/Min	oRestor	able teeth		Missing te		30101		-Fixed by	idge, brac	kets to		DISEASES	2 7 Tab T 42 42 42 44
• •	1.—Nonre	storable teeth		Replaced b		Te3		include	abutment	s		Class	I had
X	X	X	X	₹ 7 8	,			X 12 13		. –	X,	L Type	II . ISOS
R 1 G ———————————————————————————————————		3 4	5 6	7 8	9	10	11 :	12 13	14	15	16	E - Oualif	Led of Station
G ——— Н 32	31 3	0 29 2	28 27 2	26 25	24	23	22 2	21 20	19	18	17	F C C C	to the state of the terminal
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		· ·					1 10001707						
		1 00		г			LABORATOR			7/		47 ornov cov (C	maniful fact apped and manift
45. URINALY				—— '	io. CHE	ST X-RAY	(Place, d	ate, Jism 1	numoer, r	esut)		47. SEROLOGY (S)	pecify test used and result)
ALBUMIN	SUGAR	MICROS	COPIG		~ ~			. .	0 5-				•
Neg .	Neg				06		Neg.	3-2	<u>0⊷58</u>			Kahn	Neg. \
48. EKG		49. BLO	od Type and Ri Tor	н	ou. OTH	er tests	5						100
Name 1				NTO -		NT						T	HREE
Normal	K3		**O**	weg.		None						~	- 15 TOTAL / /
4	4												

J.P.

		 																		
									MEA	SUREME	NTS AN	OTHER F	INDING							-1-
51. HEIGH	r		52. W	EIGHT			53	COLO	R HAIR		54.	COLOR EY	ES	55.	BUIL				56.	TEMP.
	GQ90		,	55_			1	Srow	n			Green		SLENDER M			MEDIUM H		E	93.6
57. BLOOD PRESSURE (Arm at heart level)						,		4-	رَ . 5a. أ	HULSE (A)	m at h	eart level)								
SITTING	SYS. 30	3 .	RECU	Irda 1	YS.	116	ST	ANDING	SYS.	F	3 1	ING	A	FTER EXER	CISE	2 MIN.	AFTER	RECUMBE	NT	AFTER STANDING 3 MIN.
Sitting	DIAS.		BEN	Τ	īAS.	90	(3	min.)	DIAS.			89	- /·	100		80)			J min.
59. DISTANT VISION					60).	- 21	R	EFBAGT	PH '51	1		61.			NEAR VISIO	N	1		
RIGHT 20/	20		CORR. TO	20/			.8	y Hr	RZI	S.	-00	cx	<i></i>			5	CORR. T	· :	38	BY
LEFT 20/	20	-	CORR. TO	20/			В.	Y	_,,_,	S.		cx				5	CORR. T	o :	38	BY
62. HETER (Specifi	OPHORIA: y distance)	ES°	•	E	Χ¢		R.	. н.		L. H.		PRISM	DIV.	:	PRIS	M CONV.		PC		PD
63. ACCOM	MODATIO	N			64	. colo	R VIS	ISION (Test used and result)			65. DEPTH PERCEPTION (Test used and score)			UNC	RRECTE	<u> </u>				
RIGHT		LEFT	•		P	3556	d.	. Falant						CORRECTED						
58. FIELD	OF VISION	5///			67	. NIGH	T VIS	ISION (Test used and score)				68. RED LENS					69. IN	TRAOCULAR	TENSI	NO
70.	HEARI	NG		71.				AL	DIOMET	ER		-		72. PSYC	HOLO	GICAL AN	D PSYCHO	MOTOR (T	sts use	ed and score)
	s C	· CV	2 eru-		25 25	0	500 513	1090 1004	2000 2048	2896	4000 4096	8000 819#		1						
RIGHT WV	15/15		15/15 15/15	RIGHT	1	5 1	5	~5	-5		45	50		1						
LEFT WY	15/15	24	A.F15	LEFT	34		5	-5	0		5			7						
73. NOTES	(Continu	ed) AND	SIGNIFI	CANT O	R INTE	RVAL I	IISTO	RY												

21/ Tonsils and adenoids absent NCD

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (Liet diagnoses with item numbers)

21. NCD

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76.	76. PHYSICAL PROFILE					
	P	U	L	н	E	S	
None							
77. EXAMINEE (Check) A is U is not qualified for F.B.I. Afterial		PHYSICAL CATEGORY					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER		A	-	С		E	
. C. y 1 / 2 / 1 / 2							
79. TYPED OR PRINTED NAME OF PHYSICIAN SIGNATURE	,						
T. H. ARMSTRONG, CAPT, MC USEN RET COMMENT	2-n-	>li		9.			
80. TYPED OR PRINTED NAME OF PHYSICIAN SIGNATURE	••		\prec				
1 L 12 - 10 3 4							
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) F. V. PANCO, LT., DG., USAR	٥, ١	Z,		~	~~~	>	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY SIGNATURE	i .				NUMBER TACHED		

ATTACHMENT TO STANDARD FORM 88 (Revised July 21, 1952)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

2 3 11 14	67 68 69 71	(unless other examination indicates desirable)
62 65	72	

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X-ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee /5 Is qualified for strenuous physical (is or is not)
exertion. (Designate which)

FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

None	
If answer is "yes" please specify.	
IT IS ESSENTIAL THAT ALL STATEMENTS IN I	
VISUAL ACUITI, COLOR VISION, AND HEARING	THE COMPLETED IN DETAIL.
	(Signature of Medical Examiner) T.H. ARMSTRONG CAPT MC USN RET

ENCLOSURE (Date)

Office Memorandum • united states government

TO	:	Directo	r, FBI			DATE:	4-13-59
] -	SAC,	SEATTLE		ATTENTION:	PERSON	NEL SECTION
SUBJE	CT:		ERTON R.C) Anderson <u>Al examinatio</u>	<u>1</u>		
	Rem	nylet		•			
	Reb	ulet	. 0 0	. •			
x	Re n	physical	examination _	3/25/59	-·		
	Weig	ght with	out clothing no	w is			
	Den	tal work	was completed	d on			
	Visi	ion has l	peen corrected	to	•		
	Che	st X-ray	results were n	legative.			
	_	sonal ph arms.	ysician advise	d he is qualified fo	r strenuous physi	ical exerti	on and the use of
	Ātta	ached are	e Bureau of Em	aployees' Compensa	tion forms		·
x	Phys	sical ex	amination repo	rts are enclosed.	(with SF-89	and El	KG)
	Emp	oloyee is		physical examinati			•
х	Emp	oloyee ho	not as/reviewed an	d initialed his phys	ical examination	report.	
	Emp	oloyee re	turned to activ	e duty	•		
	Emp	ployee's	physical condi	ition is	•		
	UAC	CB he is	being placed	on limited duty.			
	UAC	CB he is	being removed	l from limited duty.			e in
	for 3/2 to Bu Se	minat: init: 20/58 a Buregi	ion Report ialing by and forwar Lherewith	to items listed ab has been sen SA ANDERSON. ded to Seattl	t to Spokan. EKG report	e Resid	of Medical dent Agency eings taken on 6/59 returned

Fouting Srip FD-4 (Rev. 12-4-57)	Date 4/1/59
To	
XXX Director	FILE # 67-5724
Att. Pers. Sec.	
SAC	Title SA MERTON R. ANDERSON
ASAC	PHYSICAL CONDITION
Supv.	
Agent	
SE	
cc	
	
Steno	
Clerk	TION DESIRED
AC	TION DESIRED
Acknowledge	Prepare lead cards
Assign Reassign	
Bring file	Recharge serials
Call me	Return assignment card
Correct	Return file
Deadline	
Deadline passed	Search and return
Delinquent	See me
Discontinue	Send Serials
Expedite	to
File	Submit new charge-out
Initial & return	Submit report by
Leads need attention	Туре
Open Case	
Return with explanation or	
Captioned employe	e received his annual
physical examination	at U. S. Naval Facility,
Sand Point, 3/25/59,	and the doctor states his
EKG reflected a defin	ite abnormal tracing. For
comparison purposes,	the examining doctor would
like to have his last	two tracings. His local
	2H-D. S. HOSTETTER
	SAUY
XXX Saa rayarsa sida	Office SEATTLE

MA

FBI ST

file shows that he received tracings 3/20/57 and 3/20/58, both being normal.

Please expedite and the tracings will be returned after their use.

3-36 (Rev., 12-) (7)
4-6 , 19589
ALBANY HOUSTON OKLAHOMA CITY ALBUQUERQUE INDIANAPOLIS OMAHA ANCHORAGE JACKSONVILLE PHILADELPHIA ATLANTA KANSAS CITY PHOENIX BALTIMORE KNOXVILLE PITTSBURGH BIRMINGHAM LITTLE ROCK PORTLAND BOSTON LOS ANGELES RICHMOND BUFFALO LOUISVILLE SAINT LOUIS BUTTE MEMPHIS SALT LAKE CITY CHARLOTTE MIAMI SAN ANTONIO CHICAGO MILWAUKEE SAN DIEGO CINCINNATI MINNEAPOLIS SAN FRANCISCO CLEVELAND MOBILE SAN JUAN DALLAS NEWARK SAVANNAH DENVER NEW HAVEN XX SEATTLE DETROIT NEW ORLEANS SPRINGFIELD EL PASO NEW YORK CITY WASHINGTON, D. C. HONOLULU NORFOLK QUANTICO
MERTON R. ANDERSON SPECIAL AGENT
PHYSICAL CONDITION
Re attached routing slip 4-1-59. Enclosed is the
electrocardiographic report and tracings which
were taken on 3-20-58. This should be returned
to the Bureau with SA Anderson's current medical
report. Bureau records do not contain the
thesing which were taken on 3-20-57. However

as noted, the results of the latter was normal.

Enchosure

J. P. MOHR

19/1

Standard Form 88 (Rev. Aug. 1950) Phomugared by Bureau of the Budget Circular A-24

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REPORT	OF	MEDICAL	EXAMINATION	

CIRCULAR	A-24	CWK		POSE WER	. •	r Medicar	E-40 F-3UVBBING-A				
1. LAST NAME	-FIRST NAM	ME-MIDDLE	NAME				2. GRADE AND CO	MPONENT	OR POSITION	3. IDENTIFICATION NO.	
ANDER	SON. N	Merton	Roger*	ř.				SA			
4. HOME ADDR	RESS (Numb	er, street or	RFD, city or tou	n, zone and	l State)		5. PURPOSE OF E		ON	6. DATE OF EXAMINATION	
No. 5	ਤ ਾ ਤ ਆ	au st.	, Spokan	e. Was	sh.		Annual	_		3-25-59	
	8. RACE	_	9. TOTAL YRS.	GOVT. SERV	ICE 1	O. DEPARTMENT, AGENC	Y, OR SERVICE	11	ORGANIZATION UNIT		
M	Cau	3.	MILITARY	CIVILIAN		Justice		Seattle			
12. DATE OF BI	RTH	13. PLACE O	F BIRTH		14	4. NAME, RELATIONSHIP	AND ADDRESS OF	NEXT OF			
7-21-20		Wisc.		• /_		-					
15. EXAMINING	FACILITY O	R EXAMINER	, AND ADDRESS	-		16. 01	HER INFORMATION				
_USNAS,	_SEAT	ITE, W	ASH.								
17. RATING OR	SPECIALTY					TIME IN	THIS CAPACITY: TO	TAL	LAST SIX		
145005		AL EVALU			NOI	comment: cor	abnormality in itinue in item 73	detail. and use	Enter pertinent : additional sheets	item number before each if necessary.)	
NORMAL ABNOR			n in appropri E." if not eva	luated)					,	A	
X			K, AND SCALP						5	61	
X	19. NOSE								ه مر د را	25	
X	20. SINU						613		1 01.	J. A.	
_X		TH AND THE		/ Auditory			Ġ	1	19 , 029	, 15	
Х			(Int. & ext. canals scuity under items	70 and 71)			1:7	1	Y MY JA	1 () ()	
X		AS (Perforat		d refraction		يهنعو			· Y W W	13.3	
<u>X</u>	1	-GENERAL	(Visual acuity an under items 59, 60,	and 61)					MINE	M CAN	
X	-		and reaction)			**			W OF	0,1	
X	•		Y (Associated par ments. nystagm	allel more-		* 1	河流山		7/1.4		
<u>X</u>			* ments. nystagm ST (Include breas			1.7.	·		/.Q ^r .		
X			size, rhythm, sou						1-/1		
<u> </u>			EM (Varicosities,			741		· , ~	= 4/-		
7			ISCERA (Include			Wil \	8 /		Ein 1	ンノア	
X	_!_		JM (Hemorrhoids, (Prostate if inc				" \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ال ال	-039	/ Const	
X		CRINE SYST		licated)		1		,	Į.,		
X	34. G-U					ъ'			}		
X		R EXTREMIT	IES (Strength, ran	ge of		1	1		}	/\ {	
<u> </u>	36. FEET		motion)			ĺ,			ľ		
- - - -	37. LOW	ER EXTREMI	TIES (Except feet) (Strength.ran			/	117		þ .		
X			JSCULOSKELETAL]			1	. 1 \	
X	39. IDEN	TIFYING BOD	Y MARKS, SCAR	S. TATTOOS		(0,	7 (3)			团伍	
X	40. SKIN	LYMPHATIC	:S			7		-		2 U.S	
₹	41. NEUF	ROLOGIC (Eq	uilibrium tests und	er item 72)	-	والمراكب وسيزار	e Comme	11.			
Y	42. PSYC	HIATRIC (Sp.	ecify any personalit	y deviation)	_		The state of the s				
Females only	-	(Check how done)			J '					
	43. PELV	ic 🗌 v	AGINAL 🗌 F	RECTAL		-	(Cont	tinue in	item 73)		
44. DENTAL (Pl	ace appropr	riate symbols	above or below 1	umber of u	pper an	d lower teeth, respective	ly)		REMARKS AND ADDI	TIONAL DENTAL DEFECTS AND	
	.—Restorabl —Nonrestor		$\frac{X}{XXX}$.— Re	issing teeth volaced by de	entures	(6×8) .—Fixed include	bridge, brackets to le abutments		DISEASES		
₩ ′′	77		Δ Δ.			-,		47F-	T	7	
Ŗ Ă	2 X	- 4 5	X X 7	8	9	10 11 12	X 13 14 15	16 L	Dent. Qu		
Ġ ———— H 32 3		00			01	00 00 00		E	Type II	Class I	
무 32 : X · X	31 30 X	29 28	3 27 26	25	24	23 1.22 CO21 DE	20 19 18	17 T.		er & part lower	
	<u> </u>						<u> </u>	X	Dentures	7/	
						LABORATORY FINDI		1 1		70	
45. URINALYSIS		1. 02		46.	CHEST 2	X-RAY (Place, date, film	number, result)		47. SEROLOGY (Spe	cify test-used and result)	
	SUGAR	MICROSCO	JrIG		1101		ר בה		1	**	
Neg.	Neg.	40 51 65	D TVDE AND DO	120		71 Neg. 3-2	<u> </u>		Kahn	Neg.	
48. EKG		FACTO	D TYPE AND RH	50.	OTHER '	15319					
		MI	13			Mars -			آثر .	1:0	
		(7	ייטייע neg			None				/ Q \	
, , , , , , , , , , , , , , , , , , , 	.,.	1 3.	1.59						/		
			9 1 1,71							1662288-1	

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			٠	•	r	•		
174	f 1	1		•		**	50	

	MEASUREMENTS A	AND OTHER FINDINGS		
51. HEIGHT 50 VEIGHT) 1111 100	53. COLOR HAIR . EC 5		. BUILD:	56. TEMP.
68" F P.154	Brown	Blue	SLENDER MEDIUM HEAVY OBESE	98.6
57. BLOOD PRESSURE (Arm at heart level)	50	8. PULSE (Arm at heart level)		
SITTING SYS. 120 PRECUME SYS. 14 95	USTANDING 1 TO TO TO 1	ITTING - AFTER EXER	RCISE 2 MIN. AFTER RECUMBEN	T AFTER STANDING 3 MIN.
DIAS. 80 1 L BENTO DIAS. TITI U	J (3 min.) DIAS. 78	4227 All 358		80
59. DISTANT VISION	60. REFRAC		61. NEAR VISION	1
RIGHT 20/ 20 CORR. TO 20/	BY S.	сх	8/36 corr. to	BY
LEFT 20/ 20 CORR. TO 20/	BY S.	cx	8/36 CORR. TO •	ВУ
62. HETEROPHORIA: (Specify distance) ES° EX°	R. H. L. H.	PRISM DIV.	PRISM CONV. PC	PĎ ,
63. ACCOMMODATION 64. COLOR	VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED	
RIGHT LEFT Pas	sed FaLant	(1est used and score)	CORRECTED	
	VISION (Test used and score)	68. RED LENS	69. INTRAOCULAR T	ENSION
70. HEARING 71.	AUDIOMETER	72. PSYC	CHOLOGICAL AND PSYCHOMOTOR ($Test$	ts used and score)
RIGHT WV 15 /15 SV 15 /15 250 56 5	00 1000 2000 3000 40 12 1024 2048 2896 40	000 8000 096 8192		
RIGHT C C	-5 -5	3 -10		
LEFT WV /15 SV /15 LEFT 70 5	-10 -5	0 0		
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL H	STORY	<u> </u>		

None

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

NCD

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)		76.	F	PHYSICAL	. PROFILI	E	
None		P	U	L	н	E	S
77. EXAMINEE (Check) Als S not qualified for Ts phy qual for FBT Annual			PI	HYSICAL	CATEGO	RY	
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER		A		В	С		E
C.R. HAMLIN, LT, MC, USN 80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE	- June	-2-	71			
81. TYPED OR PRINTED NAME OF DENTIST OR PAYSICIAN (Indicate which) F. V. PANNO, LT, DC, USN	SIGNATURE	7	\ \			_	
	SIGNATURE		•			NUMBER FACHED S	
U. S. GOVERNMENT PRINTING	G OFFICE 16-62288-1		-		4	4	

ATTACHMENT TO STANDARD FORM 88, REPORT OF MEDICAL EXAMINATION FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER

	ne of Examinee: _ ne or print)	ANDERSON, Last	Merton	Roger First	Middle
	The following po	rtions of the atta	ched examin	nation report form	need not be completed:
		2		62	
		3		65	
		11		67	4
		14		68	
		17		69	
		46		71	
-		48		72	
		49			
46.	Is necessary unle	ess facilities for	affording so	ame are not readil	y available.
48.	Not required unle	ess examinee is o	over 35 years	s of age or examin	nation indicates such
49.	Is necessary unle	ess facilities for	affording so	ame are not readil	y available.
71.	Audiometer exam	inations should b	oe afforded v	whenever possible	•
FOI	R ALL EXAMINE	ES, WHETHER C	LERICAL O	R SPECIAL AĠE	NT APPLICANTS
OR	EMPLOYEES:				
	The medical examin	er should answer the	following que	stion:	
	Examinee is	s is not q	ualified for	strenous physical	exertion.
TO	BE ANSWERED I	N THE CASE OF	ALL MALE	E EMPLOYEES A	ND MALE APPLICANTS:
1.	tactics and dange		s which mig	ht entail the prac	participation in defensive tical use of firearms?
2.		ave any defects : Yes. If "yes" pla		safe operation of 1	motor vehicles?

Weights for Males

	Height	SMALL F	RAME	MEDIUM FR	AME	LARGE F	RAME
Fee	t-Inches	Desirable	Maximum	Desirable	Maximum	Desirable	Maximum
5	4	121-131	143	129-139	152	136-148	162
5	5	124-134	146	132-142	155	140-152	166
5	6	128-138	151	136-146	160	144-157	172
5	7	131-142	155	140-151	165	148-161	176
5_	8	135-146	160	144-155	170	152-165	181
5	9	139-150	164	148-159	174	156-170	186
5	10	143-154	168	152-163	178	160-175	192
5	11	147-159	174	156-168	184	164-180	197
6	0	152-164	179	161-173	189	169-185	203
6	1	158-170	186	166-179	196	174-191	209
6	2	163-175	192	171-184	201	179-197	216
6	3	168-180	197	176-189	207	184-202	221
6	4	174-186	204	182-195	214	190-208	228
6	5	180-191	209	188-201	220	196-214	234

3.	Examinee's frame is small medium large
4.	Considering above weight table the examinee's frame and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient
5.	Under proper medical supervision, examinee should losepounds
	gainpounds
Re	marks:
	C.R. HAMLIN, LT, MC, USN

(Signature of Medical Examiner)

3-25-59 (Date)

Office Memorandum • United States Government

то	: Director, FBI		DATE:	5-11-60
FROM	SAC, SEATTLE	ATTENTION:	PERSONNE	L SECTION
SUBJE	SA MERTON R. VANDERSON ANNUAL PHYSICAL EXAMINATION			
	Remylet			
	Rebulet			
XX	Re physical examination 3/30/60			
	Weight without clothing now is			
	Dental work was completed on	•		
	Vision has been corrected to	•		
	Chest X-ray results were negative.			
	Personal physician advised he is qualified for sfirearms.	strenuous physi	cal exertion	and the use of
	Attached are Bureau of Employees' Compensati	on forms		
xx	Physical examination reports are enclosed. (V	with SF-89)		
	Employee is scheduled for physical examination	n on		- •
	Employee has reviewed and initialed his physic	cal examination	report.	
	Employee returned to active duty	•		
	Employee's physical condition is			
	UACB he is being placed on limited duty.			
	UACB he is being removed from limited duty.			
D - 1 - /LM (2)	Additional remarks relative to items listed above is being sent to Resident Agent. Bureau (Encls 2) (AM) Seattle	e: Seattle ANDERSON f	copy of or initi	medical report
	re			AON

Standard Form 88 (Rev. Aug. 1950) PROMULGATED BY BUREAU OF THE BUDGET CIRCULAR A-24



<u>r:</u>																	
I. LÄST NAM	E—FIRST N	AME—MIDI	DLE NA	MÊ							2.	GRADE	AND CO	OMPONEN	T OR POSITION	3. IDENTIF	ICATION NO.
ANDERSO	on, Me	erton	Rog	er							5	aA\as	rent	FBI			
4. HOME ADD	RESS (Nu	mber, street	or RF	D, city	or towi	n, zone	and Sta	te)						XAMINAT	ION	6. DATE OF	F EXAMINATION
N 5513	nEn S	St., S	bok	ane.	Wa	sh.			•			Anr	nual	phy	sical	3-30)-60
7. SĚX	8. RACE		9.	TOTAL	YRS. G	OVT. S		10. DE	PARTME	NT, AGE	NCY. C	R SERVI	CE	1	1. ORGANIZATION UNIT		
Male	Cauc	asian	ı	мі <u>ўъ</u> п	Y	gyy.	IAN CS	F	ΒI						Seattle Off	ice FE	3I
12. DATE OF E	IRTH	13. PLAC							ME, REI	LATIONS	IIP. AN	D ADDRE	ESS OF	NEXT OF	KIN		
7-21-20)	Wisco	nsi	n De	lls	, W:	isc.	(W	I) Lo	ois A	\nde	rsor	ı. S	ame	as # 4 above		
15. EXAMINING	FACILITY	OR EXAMI			7		· ¥			16.		INFORM					
Υ.			` 1	U.S.	ván	STA	SEA	TTLE	. WN	RE	EL:	PRO	TES	TANT			
17. RATING OF	SPECIALT	Y				•			•		N THIS	CAPACI	TY: TO	TAL	LAST SIX I	MONTHS	
		ICAL EVA	LUAT	ION			No	OTES	-Descr	ibe eve	ry ab	norma	lity in	detail.	(Enter pertinent is se additional sheets	tem numi	per before each
NORMAL ABNO	R- (Che	ck each i enter "	tem i.	n appr	opriat	te col-			0011111	none, c	01111111	40 111 11	tem 15	and de	e additional silvets.	ir riecessar	<i>y</i> .7
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X	26. PU	PILS (Equa	ility an	ıd reacti	on)		_										
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45. URINALYSI ALBUMIN	S: SP. GR		LS DSCOPIO							e, date, fi CTLE					47. SEROLOGY (Spec	yy iest Used	and result)
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51. HEIGHT	52. WEIGHT	`. ΔG	53. COLOR	sal o	54. COLOR EYES	3		з мерии не	AVY OBESE	56. témp. Normal
3 68 }	152	. •	Brown		Blue					Normal
57. BLOOD PRESSURE (Arm	· · · · · ·	YA.	7 30	17 PM '6U	58. PULSE (Arm		F			•
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59. DISTANT	VISIÓN→		60.	REFI	RACTION		61:		NEAR VISION	•
RIGHT 20/ 20	ORR. TO 20/		BY	S.	cx			CORR. TO)	ву
LEFT 20/ _ 20	ORR. TO 20/	·	BY	S.	_cx			CORR. TO)	BY
62. HETEROPHORIA: (Specify distance) ES°	EX	,	R: H.	L. H.	PRISM DI	v.	PRISM CON	v.	PC	PD
63. ACCOMMODATION	. 7	64. COĻOR	VISION (Test	used and result)	65. DEPTH	PERCEPTION	UNCORRECT	TED	,	····
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66. FIELD OF VISION	4			used and score)	68. RED LE	NS		69. INT	RAOCULAR TE	INSION
			•	·						
70. HEARING	71.	1	ALIÈ	OIOMETER		72 psv	/CHOLOGICAL	AND PSYCHON	IOTOR (Tests	used and score)
70. HEARING	—— //:-	250 50			4000 8000		·	AND ISTORON	101011 (2000	
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73. NOTES (Continued) AND	SIGNIFICANT OR	INTERVAL HIS	STORY	,						
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74. SUMMARY OF DEFECTS	AND DIAGNOSES (List diagnose			<u> </u>	, , , , , , , , , , , , , , , , , , , 	پر د در	د ر ند	₃G*	•
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75. RECOMMENDATIONS—FO	JRTHER SPECIALIS	ST EXAMINAT	IONS INDICAT	ED (Specify)				76.	PHYSICAL	_ PROFILE
								Р	U L	H E S
	•									
77. EXAMINEE (Check)				•	:	· · · · · ·				<u> </u>
IS ANALESES	Annua	l p hy s:	ical.		•	,	, .	[PHYSICAL	CATEGORY
IS QUALIFIED F	JR									
78-IF NOT QUALIFIED, LIST	DISONALIEVING D	EFECTS BY IT	цем илімаев	₹ ,), w 0, 0	J50°		\" A _>	h-7∴ B	C E
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79. TYPED OR PRINTED NAM	IE OF PHYSICIAN	٠ [^] .	a		SIGNATURE	7	10/	/, J.	J., ,U	
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80. TYPED OR PRINTED NAM	E OF PHYSICIAN	;	<u>=;</u>		SIGNATURE		775	· i	1	-0,-0
and the second s			-			/ '.)	~	/ <u> </u>	~ · · ·
81. TYPED OR PRINTED NAM	וב מבייורמזיפיד מ	physician (Indicate anhi-	ch)	SIGNATURE	1 2/2	•	10		
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R.T.GARDNER					xy VL	AUL	11 6	11/1	M	uccap
82. TYPED OR PRINTED NAM	E OF REVIEWING	OFFICER OR	APPROVING A	UTHORITY	SIGNATURE					NUMBER OF AT- TACHED SHEETS
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		Ų	COVERNMENT	PRINTING OFFICE:	1953-0-243413 16	62288-1				-
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Standard Form 89
(Rev. Aug. 1950)
PROMUGATED BY

Bυ		OF TH	E Budg A-24		INFO	RMAT	ION IS FOR OFFICIAL USE ONLY AND						THORIZED PE	RSOI	NS.	6° '	¥	
Ä	LAST			AME-MIDDLE NAME	7	014	ROGER.			2. GR			ENT OR POSITI		Z	3.	IDENTIFICATION	YO.
4.		E ADDRI	ESS (Nu	mber, street or RFD,	city	or to	on, zone and State)			5. PUF	RPOSE OF	EXAMIN	ATION			6.	DATE OF EXAMIN	
$\frac{ff}{7}$	SEX		B. RACE				COUT CERVICE 10 DEPARTMENT	AGE	NC	OR SE	RVICE	<u> 4 /</u>	11. ORGANI	ZATI	ON U	NIT	7	<u>ç,</u>
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12.	DATE	OF BIR	TH	13. PLACE OF BIRTH	72	-	14. NAME, RELATI	L ONS	HIP,	AND AD	DRESS OF	F NEXT O	F KIN	, ~			3 5	· · · · · · · · · · · · · · · · · · ·
* Ĵ	Z EXAN	' / -	FACILITY	OR EXAMINER, AND A	DDR	LL.	CIVILIANT FB 14. NAME, RELATIN	16.	/∤∕ OT	HER INF	CC C	N N	UTF	<u> </u>	p [4	33,0 -14.	The start	Enda
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17.	STAT	EMENT	OF EXAM				SATTLE, WN N WORDS. (Follow by description of											
										,								
18.	FAMI	LY HIST	TORY .								19. HA	S ANY BI	OOD RELATIO) N	Pare	nt, brothe	r, sister, other)	
	RELA		AGE	STATE OF HEAL	LTH		IF DEAD, CAUSE OF DEATH			GE AT	YES	NO NO	OR WIFE:	eac	h it	em)	RELATION	I(S)
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s	ISTE	เร									-8-	X	HAD STOMA	CH 7	rrqu	BLE		
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								T				×	HAD EPILEP	SY (Fits)			
												X	COMMITTED	SUI	CIDE			
												X	BEEN INSAN	E				
20.	HAVE	YOU EV	/ER HAD	OR HAVE YOU NOW (F	Place	chec	k at left of each item)							,				
YES	NO		(Check	each item)	YES	NO	(Check each item)	YES	NC		(Check	c each i	tem)	YES	МО	((Check each ite	m)
	x	SCARL	ET FEVE	R, ERYSIPELAS		X	GOITER		Y	TUMO	OR, GROW	TH, CYS	r, cancer	L	X	"TRICK"	OR LOCKED KNE	E
	X	DIPHT	HERIA		_	V	TUBERCULOSIS			RUPT	URE			_	X	FOOT TE		
	X		MATIC FE		<u> </u>	V	SOAKING SWEATS (Night sweats)		S	<u> </u>	NDICITIS		 		K	NEURITI		
_	X	SWOLI	LEN OR P.	AINFUL JOINTS		X	ASTHMA		1)	1	OR RECT			_	X		SIS (Inc. infantil	e)
	X	MUMP	s		L	X	SHORTNESS OF BREATH		}	<u> </u>			URINATION		X		Y OR FITS	
	Y /	WHOO	PING COL	JGH		X	PAIN OR PRESSURE IN CHEST		X	,			OD IN URINE	X	_		AIN, SEA, DR AIR	<u>, </u>
	X	FREQU	JENT OR	SEVERE HEADACHE	L	X	CHRONIC COUGH		X		R OR ALE	BUMIN IN	URINE	L	X		IT TROUBLE SLE	
	X_			FAINTING SPELLS	L	X	PALPITATION OR POUNDING HEART	*	-	BOILS				-	X		OR TERRIFYING NI	
	X		ROUBLE		_	X	HIGH OR LOW BLOOD PRESSURE	_	<u>`</u> X	-	REAL DIS			-	<u>X</u>		SION OR EXCESSI	
_	X			THROAT TROUBLE	X	1	CRAMPS IN YOUR LEGS	-	X				OF WEIGHT	H	X	BED WET	MEMORY OR AM	NESIA
P	-		ING EARS		┞	X	FREQUENT INDIGESTION	L	<u>}</u>	. 	RITIS OR			_	X		S TROUBLE OF A	IV CORT
	X			REQUENT COLDS	╀	X	STOMACH, LIVER OR INTESTINAL TROUBLE	_	7	`		RUTHER	DEFORMITY	-	1		IG OR NARCOTIC	
	1			OR GUM TROUBLE	-	×	GALL BLADDER TROUBLE OR GALL STONES JAUNDICE	-	X	LAME		I EC EINC	SER, OR TOE	-	X		VE DRINKING HA	
7	X	SINUS HAY F			⊢	X	ANY REACTION TO SERUM, DRUG OR	-	X				DER OR ELBOW	├	1		XUAL TENDENCIE	
<u>,,</u>	4417			Nank anak ita == \	<u></u>		MEDICINE	22	ــــــــــــــــــــــــــــــــــــــ				U EVER—		1		E FOLLOWING:	
41.	HAVE			neck each item)	Г	T	ATTEMPTED SUICIDE		. re		PREGNAM		O EVEN	<u>"</u> .			ONSET OF MENST	RUATION
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\preceq	X.	 	HEARING		X	X	LIVED WITH ANYONE WHO HAD	-	╁	+			LE DISORDER	-			N OF PERIODS	·
	7		-	R STAMMERED	+	10	TUBERCULOSIS COUGHED UP BLOOD	-	\vdash	+	PAINFUL			1-		 	LAST PERIOD	
	14			E OR BACK SUPPORT	;├─	1	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	\vdash	╁	+-			RUATION	ου	ANT	L	RMAL EXCESSIVE	SCANTY
23.	HOW	MANY J	IOBS HAV	E YOU HAD IN THE	+		AT IS THE LONGEST PERIOD YOU	25	. w		OUR USU				_		(Check one)	
	PAST	THREE	YEARS?				D ANY OF THESE JOBS?	١.	\mathcal{Y}_{i}	14.1.	at li	tich	-7 F 83	ĺ.		RIGHT I	ANDED LEF	HANDED
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LEFT HANDED 16--62289-1

	NO	CHECK EACH ITEM YES OR NO. EV	YERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
- 1	·	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
	N	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
	1	B. INABILITY TO PERFORM CERTAIN MOTIONS	
	>	C. INABILITY TO ASSUME CERTAIN POSITIONS	
	*	D. OTHER MEDICAL REASONS (If yes, give reasons)	
	*	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	
	X	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
	*	 HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details) 	
	~	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE ANY OPERATIONS? (If yes, describe and give age at which occurred)	
	*	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR HUM! (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
5	X	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
	1	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	
	χ	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	×.	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS' (If yes, give date and reason for rejection)	
	×	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	×.	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	
CER	HORIZE		LIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. D ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPO
AUT	SSING	AT ATTECRATION FOR THIS ENTEDTMENT ON SERVICE.	The same of the sa
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DATE

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee ANDERSON,	Merton	Roger	
(Type or print)	Last	First	Middle
The following portions of the attac	hed examination :	eport form need not	be completed:
2		62	
3		65	
4		67	
9		68 .	
11		[,] 69	
14		72	
17		76	
6. Is necessary unless facilities	for affording sam	e are not readily avo	rilable.
18. Not required unless examinee desirable.	is over 35 years (of age or examination	indicates such is
19. Is necessary unless facilities	for affording same	e are not readily ava	ilable.
71. Audiometer examinations shou	ld be afforded wh	anover peggible	
		anever possible.	
Not done-Audiometer not ava	illable.		
or All Examinees, Whether Cleric	al or Special Age	nt Applicants or Emr	lovees:
,			,
The medical examiner should answer the f	ollowing question:		
Examinee Xis Is no	t qualified for str	enuous physical exe	rtion.
	-		
To be Answered in the Case of All	Mala Employees	and Malo Annligants	
TO be Allswelled III life Cuse of All	Maie Employees	und mate Applicants	•
 Does examinee have any defect tactics and dangerous assignme 			
No □ Yes If "yes" I	olomos appaifu de	in ata	
₩ No Yes If "yes" I	please specify de	ects.	
2. Does examinee have any defect	s prohibiting safe	operation of motor v	ehicles?
ĭNo ☐ Yes If "yes" i	nlease specify de	ects	
and the same test if yes i	rease specify der		
If overnings has defeative wints	n should be ween	corrective slaces	while energting =
If examinee has defective vision vehicle? Yes No	n, shourd he wedr	confective glasses	wirre oberarring a mo

67 - 7.

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5′ 4″	117 - 125	123 - 135	131 - 148
5′ 5″	120 - 129	126 - 139	134 - 152
5′ 6″	. 124 - 133	130 - 143	138 - 157
5′ 7″	128 - 137	134 - 148	143 - 162
5′8″	132 - 141	138 - 152	147 - 166
5′ 9″	136 - 146	142 - 156	151 - 170
5′ 10″	140 - 150	146 - 161	155 - 175
5′ 11″	144 - 154	150 - 166	160 - 180
6'	148 - 158	15.4 - 171	164 - 185
6′ 1″	152 - 163	158 - 176	169 - 190
6′ 2″	156 - 167	163 - 181	174 - 195
6′.3″	160, - 171	168 - 186	178 - 200
6 ' .4 "	169 - 180	178 - 196	188 - 210
6 ′ 5″	17.4 - 185	182 - 202	192 - 216

٥.	Examinee's frame issmailmealumlarge
4.	Considering above weight table, the examinee's frame, and other individual physical characteristics I consider his present weight Satisfactory Excessive Deficient
5 .	Under proper medical supervision, examinee should losepoundspounds
Re	marks:
	(Signature of Medical Examiner)

Tolson ______ Mohr _____ Parsons ____ Belmont ____ Callahan ____ DeLoach ____ Malone ____

McGuire Rosen Tamm . Trotter W.C. Sullivan

Tele. Room _

Gandy

SAC, SEATTLE

6/13/60

Director, FBI

PERSONAL ATTENTION

MFRTON R. ANDERSON SPECIAL AGENT PHYSICAL CONDITION

		Rebulet
	X	Reurlet <u>5/25/60</u>
		Re Physical Examination
		Submit Physical Examination Report.
	X	Advise Bureau re physical condition.
		Advise Bureau if dental work has been completed.
		Advise Bureau if vision has been corrected to 20/20.
		Submit results of chest x-ray, urinalysis, serology, immediately.
		Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and the use of firearms.
	K	Submit Bureau of Employees' Compensation forms.
		Advise if medical bills submitted have been paid.
		Submit reply by
?	pjs (2)	
		JUN 1 3 1960 CCMM-FBI

REPLY: ATTENTION PERSONNEL SECTION

TELETYPE UNIT

Me with





Office Memorandum • united states government

TO : Director, FBI		DATE:	6-15-60
FROM: SAC, SEATTLE	ATTENTION:	PERSONNEI	_ SECTION
SUBJECT: MERTON R. ANDERSON SPECIAL AGENT PHYSICAL CONDITION			
x Remylet 5-25-60 .			
X Rebulet6-13-60 .			
Re physical examination			
Weight without clothing now is			
Dental work was completed on	•		
Vision has been corrected to	•		
Chest X-ray results were negative.			
Personal physician advised he is qualified for firearms.	or strenuous physic	cal exertion o	and the use of
Attached are Bureau of Employees' Compens	ation forms		•
Physical examination reports are enclosed.			
Employee is scheduled for physical examinat	tion on		•
Employee has reviewed and initialed his phy	sical examination	report.	
Employee returned to active duty	•		
Employee's physical condition is excell	ent		
UACB he is being placed on limited duty.			
UACB he is being removed from limited duty	•		
Additional remarks relative to items listed at 6-14-60 with explanation. Bureau (AM) Seattle LM (2)	bove: BEC form	ns submit	ted by SEle

TANDARD FORM NO. 64

Office Memorandum • United States Government

TO : DIRECTOR, FBI

DATE:

5-25-60

FROM:

SAC. SEATTLE

ATTENTION:

PERSONNEL SECTION

SUBJECT:

SA MERTON R. ANDERSON

PERSONNEL MATTER

On May 18, 1960, while conducting official investigation at the residence of Mrs. BETTY TURNER, N. 6621 Altamont, Spokane, Washington, in connection with a CGR case, SA ANDERSON was bitten by a neighborhood dog, suffering a puncture-type wound $\frac{1}{4}$ -inch wide.

Dr. JOSEPH THALER, E. 2929 Wellesley, Spokane, Washington, a Government-approved physician, examined the wound, applied antiseptic and administered a shot of penicillin. The dog was picked up by the Humane Society of Spokane on 5/18/60 and placed under observation for 10 days. Should there be any developments, the Bureau will be advised immediately.

Forms CA-1 and CA-2 will be submitted as soon as the Statement of Medical Examiner has been completed on CA-2 and received in the Seattle Office.

2 Bureau (AM) 1 - Seattle

ı - Seattle

JEM: LM (3) The following the second

76 THREE.

STANDARD FORM NO. 64

Office Memorandum • United States Government

TO DIRECTOR, FBI DATE:

6-14-60

SAC, SEATTLE

ATTENTION: PERSONNEL SECTION

PERSONNEL MATTER

ReSElet 5/25/60.

Enclosed is Form CA-1 in duplicate.

SA ANDERSON advises that Form CA-2 in duplicate was left at the office of Dr. JOSEPH THALER with the request that Dr. THALER complete the portion of these forms entitled "Statement of Government Medical Officer or Physician who first examined case" and return them to SA ANDERSON, since they required the signature of SAC MILNES before they could be forwarded to Washington.

Upon later contact by SA ANDERSON with SARAH DAUGHTERS, Dr. THALER's assistant, she advised that the two CA-2 forms had been completed by Dr. THALER and forwarded directly to the U. S. Department of Labor, Bureau of Employees Compensation, Washington 25, D. C. The Bureau is requested to advise if any further action should be taken by the Seattle Office in this regard. 2) - Bureau (Encls. - 2) (AM)

l - Seattle \

JEM: LM

(3)

Jane 27, 1960

Bureau of Employees' Compensation United States Department of Labor General Accounting Office Building Fourth and G Streets. Northwest Washington 25, D. C.

Gentlemen:

Enclosed are compensation forms and/or other information (indicated below), relative to injuries or diseases incurred by the following-named employees of this Bureau: Merton R. Anderson

X CA-1	☐ CA-2.		

OTHER INFORMATION

Compensation form CA-2 was forwarded to your agency by the physician who first examined Mr. Anderson, Dr. Joseph Thaler.

Very truly yours, MAILED 8 John Edgar Hoover JUN 2 7 1960 Director COMM-FBI

Enclosures (1)

Seattle (Personal Attention)

See note, page/2 W.C Sullivan

Tolson Mohr -Parsons

Belmont Callahan DeLoach Malone

МсGuire Tamm

Trotter .

JWM Tele Room Ingram Gandy

Mersost

Burcau of Employees' Compensation Vashington 25, D. C.

NOTE: On G-17-60 James W. Hurray, Personnel Section, contacted Hr. Robert Farvig, Contact Representative, BEC. Hr. Hurray related to Hr. Farvig that compensation forms CA-2 were forwarded directly to BEC by Dr. Thalor and he (Hr. Hurray) requested that Farvig send one copy of form CA-2 to the Bureau. On G-23-60 Hr. Farvig contacted Hr. Hurray and advised that BEC had received forms CA-2 and that copy of same would be sent to the Bureau. On G-24-60 form CA-2 was received.

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE

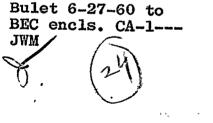
Federal Employees' Compensation Act

This notice should be submitted to the immediate superior by an injured civil employee of the Federal Government, or by someone on his behalf, within 48 hours after the injury. Notice may be given either personally or by mail. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift when injury occurred, or results in any charge against the Bureau for medical expense, when it should be forwarded to the U. S. DEPARTMENT OF LABOR, Bureau of Employees' Compensation, together with the official superior's report of injury, Form C. A. 2. Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Bureau.

		. Date of	this notice	May 18	, _{19_} 60
1. I hereby certify	that I am employed as a	Special	Agent	ion)	
	ral Bureau of Inv		(Occupai		
		(Place of emplo	yment)		
and on	Wednesday, (Day of week)	(Date)	, 19	(Hour, a. m.	or p. m.)
I was injured in	the performance of my d	uties atN•	(Location v	where injury occurred)	okane, wasn
	Small cocker t	Describe as best you can	how and why injury	occurred)	
	occupant of hous		•	ıl attempt a	and bit
3. Nature of injury	Puncture type w	ound, 4" wi	de on ins	ide calf of right thumb, etc.)	left leg
4. Names of witnes	sses to injury Mrs. Washi	Betty Turne		l Altamont,	
5. If this notice wa	as not given within 48 ho	ours after the in	jury, explain re	eason for delay ar	id state name
of person to who	om notice was first given,	and when			
	A			**************************************	x ,
myself or of anoth	as not caused by my willf er, nor by my intoxication I may be entitled by reas	n, and I hereby son of the injury	make claim f	or compensation	
		Name 4	Merton R. N. 5513	Anderson "F" Street	Clebron Server
		Address		(Street and number)	nington ;
C. A. 1 Revised October 23, 1952	U. S. GOVERNMENT PRINTING OFFICE, 1	3—45868-5 (C	Spokane		(State)

PLEASE DO NOT MUTILATE THESE FORMS IN ANY WAY.

(Merton R. Anderson)



[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYEES' COMPENSATION, Washington 25, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.]

Place of	1.	Department of Justice 2. Bureau or office Federal Furcau of Investigation (War, Navy, etc.) (Engineer, Navigation, etc.) (Engineer, Navigation, etc.) (State)
employment		Reporting office Scattering and mark mark the control of the contr
	4. 5	Name of superintendent or foreman in charge when injury occurred J. F. H. Charge
	6.	Name of injured employee Lerton R. Anderson 7. Age 39 8. Sex 2319 9. Race Thite Home address N. 5513 NFH (Supplies name in full) Spokeno , Wash. Occupation and division Special Agents, FBI. Sectile Division 12. Was employee doing his regular
		(Give both, as laborer, hill division; helper, machine shop, etc.) work?
The injured		• • • • • • • • • • • • • • • • • • • •
employee		How long at present work in this establishment? 5 years Dates of other injuries
		Rate of pay on date of injury, \$ 7270 per annum { and subsistence valued at \$ per
		and quarters valued at \$ per
	17.	Employee begins work at E:15 A. m. 18. Regular day's work ends 5:00 P. m. Hours worked per day 8 plus unscheduled 20. Days paid per week Five
	19.	Hours worked per day O Files difficultied 20. Days paid per week Files
	21.	Place where injury occurred II. 6621 Altamont St. Spokane, Lashington
	22.	Date of injury 5/16/ (Give exact location, as name or number of building and division, etc.) about [Give exact location, as name or number of building and division, etc.) about [And And Individual of the content of t
	23.	Date employee stopped work 5/18, 1960; day of week 1.ednesday; hour of day 11:40 A m.
		(a. m. or p. m.) Date employee's pay stopped, 19; day of week; hour of daym.
		Has employee returned to work? Yes, on 5/18/60 at 12:50 P.1'. (a. m. or p. m.)
		(and the original)
		Will employee receive pay for any portion of above absence on account of: (a) Annual leave (b) Sick leave —Yes for 2 hours on 5/18/60 (Give exact dates)
		(b) Sick leave -Yes for 2 hours on 5/18/60 (Give exact dates)
		Describe in full how injury occurred Small cocker type con resented in entry into yard;
		ade two attempts to bite and was warded off. Thile My attention was directed
	ŧ	o occupant of house, dog rade successful attach and bit left leg
	28.	State part of body injured and nature and extent of injury Puncture type wound, 1/4" wide on inside calf of left leg
The injury	29.	Did injury cause loss of any member or part of member? If so, describe exactly
	30.	Was employee injured while in performance of duty? Xes If not, or in doubt, give detailed statement
	31.	Was injury caused by: (a) Willful misconduct of the employee?
		of himself or another? (c) Employee's intoxication? (If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
	32.	Was written notice of injury given within 48 hours? Yes If not, did immediate superior have actual
		knowledge of injury?(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
	33.	Names and addresses of witnesses to injury Lrs. Petry Turner,
		b'
		•
	34.	(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form) Was injury caused by a third party other than a Government employee or agency?
1		employee been instructed in procedure under the Bureau's regulations?
-3.5	,	(A detailed statement should be forwarded with this report)
Wadial		Name and address of physician who first attended case Dr. Joseph Thaler, E.2929 Tellesley, How soon after injury? Vithin one hour Spokane, Tash.
Medical attendance		To what hospital sent? None-treated at physicians office
		Name and address of physician now attending case
		1
igned this	4	day of Jule 1960 Asignature of reporting officer)
at		forcare, wash. Designated physicism
C. A. : Revised April	2 15, 19	
•		BEC JUN 1800 manuel as so and fire the second

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just knows about it and when and by whom the information was given him.]	what he
Then I answered a knock on the door of my residence at II. 6621 Altamont, Spokene,	nsh.
about 11:30 A.M. on May 18, 1960, a nen introduced himself to me as Agent Anderso	•
the FBI. A brown dog which has been staying at my place for about three weeks la	
Ir. Anderson's leg and it looked like the dog bit him. I tried to call off the do	
finally succeeded. As Er. Anderson left the dog again snapped at him, so I rub r	•
on the dogs head to hold him while Fr. Anderson left. The dog is a stray which	
here and I have not fed him, and he does not baleng to se.	•
VELS 18 G. T. HEAL HAD TEG HT. 9 CM HA MARK HATAIN WATER TAXE	
· · · · · · · · · · · · · · · · · · ·	•
*	•
Signed this 19th day of Yay , 1960 Mrs Methy Jerner (Signature of witness)	/
Mrs Delly Jurner	
(Signature of witness)	
	*
•	

,	
*	
Signed this day of, 19,	

(Signature of witness)	
STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO	FIRST
EXAMINED CASE	
I CERTIFY that Yerton R. ANDER ON was given first-aid treatment, or e	vamined
I CERTIFY that Yerton R. ANDER WY was given first-aid treatment, or e on 150 18 , 1950, at 11:45 m, and was not disabled for work. Probable 1	langth of
disability will be for for	to mjury
on	
, v	
Hospitalized Will return for further treatment no	
Discharged yes, any 18, 1960 Other disposition none	
Remarks	
	~~~~~
	~~~~~~
Signed this 1 day of June , 1960	
at Snokane, Vashington Singular of modical officers	
f(Signature of medical officer)	
Designated physicien.	
(Title)	

Office Memorandum • United States Government

TO: Director, FBI	DATE: 4/7/61
FROM: SAC, SEATTLE ATT	TENTION: PERSONNEL SECTION
SUBJECT: MERTON R. ANDERSON REPORT OF MEDICAL EXAMINATION	
Remylet	
Rebulet	
XX Re physical examination3/15/61 .	
Weight without clothing now is	
Dental work was completed on	·
Vision has been corrected to	
Chest X-ray results were negative.	_ ·
Personal physician advised he is qualified for streng firearms.	uous physical exertion and the use of
Attached are Bureau of Employees' Compensation fo	orms
Physical examination reports are enclosed. (SF	-88, SF-89 and FD-300)
Employee is scheduled for physical examination on	•
Employee has reviewed and initialed his physical ex	kamination report.
Employee returned to active duty	
Employee's physical condition is	
UACB he is being placed on limited duty.	
UACB he is being removed from limited duty.	
Additional remarks relative to items listed above:	
Seattle copy of Medical Report has been	
ANDERSON for initialing.	O Commence of the commence of
1 - Bureau (Encl3) 1 - Seattle	O. P. C.
JEM: eon (2)	BRANOT REACON THE REAL POPERTY.
JEM: eon (2) 3 ENCLOSURE	WHRE

(Rev	. June 1956)	me Po	rt of med	ICAL I	TAMINAX		
1.] ì.A.	ST NAME—FIRST NAME—MIDDLE NAME				2. GRADE AND COM	PONENT OR POSITION	3. IDENTIFICATION NO.
,]	NDERSON. Merton Roge	יירב			FBI A		
	ME ADDRESS (Number, street or RFD, o		and State)		5. PURPOSE OF EX		6. DATE OF EXAMINATION
			•			•	
	5513 "F" St.				Annual		15 March 1961
7 55	pokane, Washington	a TOTAL VEAS	RS GOVERNMENT SERVI	ice	10. AGENCY	. 11. ORGANIZATION U	<u> </u>
		MILITARY 3 123		Oyrs.	FBI	į.	 Washington
	ale Cauc. TE OF BIRTH 13. PLACE OF BIRT		17.2. Tr	OAT.P.		NSHIP, AND ADDRESS OF N	
DA	10. FERGE OF BIR	····			l	S. ANDERSON	
~	7 T-7 00 T-7- T		200200		Same as		
	1 July 20 Wis. Do	ells, Wis	SCOUSOII		16. OTHER INFORM		
	•		*			: Protestant	
	SNAS SEATTLE, WASHI	NGTON	,		TIME IN THIS CAPAC		LAST SIX MONTHS
	OF INTOXE EVALUATION		NOTES. (Descr	ihe every	abnormality in c	letail. Entêr nertinen	t item number before each
NOR-	CLINICAL EVALUATION (Check each item in appropria umn; enter "NE" if not evalu	te col- ABNOR	d 20mm	nent. Con	ntinue in item 73	and use additional sh	eets if necessary.)
MAL		ated.) MAL	4				
<u>x</u>	18. HEAD, FACE, NECK, AND SCALP		-				
<u> </u>	20. SINUSES		-				
<u>x</u>	21. MOUTH AND THROAT		+				•
_X.	22. EARS—GENERAL (Int. & ext. canals) 22. ears—general acuity under items ?	(Auditory	-				• •
_X	23. DRUMS (Perforation)	10 and 71)	-				
_ <u>x</u>	24. EYES—GENERAL (Visual acuity and under items 59: 60 c	refraction	1				
_ <u>x</u>	25. OPHTHALMOSCOPIC .	and 67)	4				
_ <u>x</u>			1				
<u>x</u>	26. PUPILS (Equality and reaction)	llel move-	٠ .				•
_ <u>x</u>	27. OCULAR MOTILITY (Associated para ments, nystaomus 28. LUNGS AND CHEST (Include breast		-				
<u>x</u>	29. HEART (Thrust, size, rhythm, sour		- ·		*		
<u>x</u>			1		•	>	. •
<u> </u>	30. VASCULAR SYSTEM (Varicosities, e		┨.	•	\$,	•
	31. ABDOMEN AND VISCERA (Include h		1 1		. '	-,	
	32. ANUS AND RECTUM (Hemorrhoids, fi (Prostate, if ind	stulae) X	13,000	TIBI	3 3.		
<u> X</u>	33. ENDOCRINE SYSTEM		1	BY			
_ <u>x</u>	34. G-U SYSTEM	ne of	- WCh	11			
<u> </u>	35. UPPER EXTREMITIES (Strength, range motion) 36. FEET		ENCIC	•	7		
<u>x</u>			-		67	211 11	- 84
_ <u>x</u>	37. LOWER EXTREMITIES (Except feet) (Strength, range) 38. SPINE, OTHER MUSCULOSKELETAL	of motion)	-		9,	rched Nu	35.40.,
<u>x</u>	39. IDENTIFYING BODY MARKS, SCARS,	TATTOOS	· ·		Sea	4 APR 12	19h.
_ <u>x</u> _		1/11/00	-			& APR 12	1401
<u>x</u>	40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium tests unde						
- <u>x</u>	42. PSYCHIATRIC (Specify any personality		-	ے م	13%	TREE!	
<u>x</u>			-	REC	~1U*i	TREE	
	43. PELVIC (Females only) (Check hou	1				mus in its == 72	
AA D	NTAL (Place appropriate symbols above		of supper and Joses tool	th reconcition		nue in item 73)	ND ADDITIONAL DENTAL
	:NIAL (Place appropriate symbols above Restorable tecth	or oetow numoer X—Missi1		· -	ety.) X8)—Fixed bridge, b	DEFECTS AN	
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	RINALYS'S: A. SPECIFIC GRAVITY 1.0	D. MICROSCO	erc		40. CHEST X-RAY	(Place, date, film number	ana resuit)
		!			#096lı	Neg. 15 Mar	ch 1961
C. SUG		Ess.		E AND DU	 	Meg T) Hat	CII 1307
47. SE	ROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE FACTOR	E AND RH	50. OTHER TESTS		•
VD	RL-Neg.	Normal-		,			
	VADD THE	see #73	11.0-11	•	<u> </u>		
	a was 2.5 are 3.5 are 2.5						

	 		M	FASIIRE	MENT	S AND	OTHEREN	VOLNES	Y					~~~	,		
51. HEIGHT	° 52. WEIGHT	53. C	OLOR-HAIR	54. COL			55. BUILD:		AUN	IN.	DIV					MPERATU	IRE
69"	153	Bı	rown	R	lue		SLENI	ER F	MEDI	м [HEA	VY	🗌 ове	SE	٥	8.6	
	OOD PRESSURE (A			0	58.			~	PUL	LSE (A	rm at i	heart le	vel)		1 2	0.0	
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SITTING DIAS. 6	O RECUM- BENT	DIAS	STANDING D	ias. 61		68		76		* * * *	68				3 141		
59. DIS	STANT VISION	,	60.		REFRAC	CTION				61.			N	EAR VISION	4		
RIGHT 20/ 20	CORR. TO 20/		BY	s.			ox			8/	36	CORR	. то		ВУ	,	
LEFT 20/ 20	CORR. TO 20/		BY	S.			ox	- · · ·		8/	36	CORR	. Tọ		В	·	
62. HETEROPHORIA (S	pecify distance)		*							- 1				•			
ES°	EX°	R. H	l.	L. H.		PRISM	I DIV.		PRISM CT					PC		PD	
63. ACCC	MMODATION		64, COLOR VIS	ION (Test	used a	nd resul	lt)		65. DEP	TH PE	RCEPTI	ON .		UNCORRE	ECTED		
RIGHT	LEFT		AOC 1	940	Rev	ised	<u> 18/1</u>	8	(26	or user	i ana s	corej		CORRECT	ΓED		
66. FIELD OF VISION			67. NIGHT VISI	ON (Test	used an	nd score))		68. RED	LENS	TEST			69. INTR	AOCULAI	R TENSIO	N
									•								
70. HE	ARING		71.			AUDIOM	IETER							L AND PSY(сномот	OR	
RIGHT WV 15	/15 SV	15/15		250 256	500 512	1000 1024	2000 3000 2048 2896	4000 <i>4096</i>	6000 6144	8000 8192	(.	2000 2	oco uni	3 3			
LEFT WV コピ	/ /15 SV	ع دار فسم بعد -	RIGHT	75	75	5	5 10	50	10) ₁ O							
T5	710 54	15/15	LEFT	15	īή	ó	0.70	र्गर		35							
73. NOTES (Continued) AND SIGNIFICAN	T OR INTERVA	AL HISTORY							لساريان		•			,	•	
#31 Lax	left inte	erior i	inguinal	ring	. N	CD.											
#32 Anal	. skin tag	NCD.	•														
#48 EKG	report: 0	Occasio	onal atr	ial p	rem	atur	e beat	s. 0	ccas	ion	al.	A ∺ V	nod	lal pr	rema	ture	
	ł	oeats.	Compari	son t	o p	revi	ous tr	acin	gs i	n d	ica	ted.	, it	any.	EK(3 var	rian
•	1	vcd. ((Noted for	or re	cor	d pu	rposes	.)	-			•					
•	(Compar	rison t	o pr	evi	ious	trac	ina	s or	n 4	-6-	-61	in	di茜	te	m	
~ •	r	10 cha	ange (WN	L).						•	-				_	0,1	
* *			•											6	د ۔	77 1	
				/770-			ets if necessar								ρ,	000	
74 SUMMARY OF DEF	FCTS AND DIAGNO	SES (Tiet dia	amages snith item			onut succ	ets ij necessai	(ע								<u>ئ س</u> خز.	
14 DOMINIANT OF DELT	LOTS AND DIAGNO.	טבט (בומני מומי	ynoses wan aen	, namoti	•)										ည ဗ	1	<u> </u>
#31 NCD.															呈	, C	3
WON TON															~	-	Ē
#32 NCD.																	
1132 1102																	
#48 NCD.																	
75. RECOMMENDATION	S-FURTHER SPEC	IALIST EXAM	INATIONS INDICA	TED (Spe	cify)			,			[,] 76.		А. Г	PHYSICAL F	PROFILE	• • • • • • • • • • • • • • • • • • • •	
None											Р	Ü	,	L,	н	E	s .
77. EXAMINEE (Check)	•																
A. X IS QUALIFIED FO B. IS NOT QU	OR IS PHYS	QUAI	FOR A	VAUM	FBI	PHY	SICAL.	•	•				B. PH	IYSICAL CA	TEGORY	,	
78. IF NOT QUALIFIED.	LIST DISQUALIFY	ING DEFECTS	BY ITEM NUMBE	ER .						٠		٩	1	В	С	E	E
79. TYPED OR PRINTED	NAME OF PHYSICI	IAN		<i>\$</i>			4 SIGN	TURE		<u></u> →		h					
D. J. WIL	LIAMS, I	T MC U	ISNR		•	. ,				Y.	llu	lle	ecc				
80. TYPED OR PRINTED	NAME OF PHYSIC	IAN					SIGNA	TURE	· 6	/				/	•		
81. TYPED OR PRINTED	NAME OF DENTIS	T OR PHYSICI	IAN (Indicate mb	ich)			SIGNA	TURE			1	1		$-\!\!\!\!/-$			
	YNES, CA		*	,			5.511				K.	ム	1<	机。	فرر	_	
82. TYPED OR PRINTED			<u> </u>													,	
	NAME OF REVIEW	ing officer		UTHORIT	Υ		SIGNA	TURE		- (_!		NUMB TACHE	ER OF AT	ī- S

Standard Form 89
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CURCHIAR A-24

REPORT OF MEDICAL HISTORY

1. LAST NAME	F-FIRST N	AMEMIDDLE					2. GRADE AND COMPO		3. IDENTIFICATION NO.
		erton I					FBI Agent		
	•	•	RFD, city or tow kane, "a	•	te)		5. PURPOSE OF EXAMI	nation Physical	6. Date of examination 3/15/61
7. SEX	8. RACE	ite	9. TOTAL YRS. 6	OVT. SERVICE CIVILIAN 10	10. DEPARTMENT Federal		or service au of estigation	11. organization unit Spokane Resi	ident Agency
12. DATE OF B		13. PLACE OF	BIRTH Cells, "i	.s.	14. NAME, RELA	TIONSHIP.	AND ADDRESS OF NEXT		St., Spokane, ash
		-	and address	ashingt	on	16. OT	HER INFORMATION		
17. STATEMEN	IT OF EXAMI	inee's Presen	T HEALTH IN OWN	WORDS. (Foll	low by description	of past hi	story, if complaint exist	5)	

18. FAMIL	Y HIST	ORY										OOD RELATIO	N ()	Pare	nt, brother	, sister, other)
RELAT	ION	AGE	STATE OF HEAD	LTH		IF DEAD, CAUSE OF DEATH			E AT	YES	NO	(Check	eac	h it	em)	RELATION(S)
FATHER		66	Good								X	HAD TUBERO	ULC	SIS		
MOTHER		65	Good								x	HAD SYPHIL	IS			
SPOUSE		34	. Good				\neg				X	HAD DIABET	ES			
											x	HAD CANCER	:			
BROTHER	RS	41	Good	ood							x	HAD KIDNEY	TR	OUBL	.E	
AND							\neg				x	HAD HEART	TRO	UBLE	<u> </u>	
SISTER	s		·								x	HAD STOMACH TROUBLE			BLE	
							T				X	HAD RHEUM	ATIS	M (2	Arthritis)	
CHILDRE	N	15	15 Good								x	HAD ASTHM HIVES	Α,	HAY	FEVER.	
											x	HAD EPILEPS	Υ (.	Fits)		
											×	COMMITTED	SUI	CIDE		
											x	BEEN INSANI	:			
O. HAVE	YOU E	ER HAD OR	HAVE YOU NOW (1	Place	e chec	k at left of each item)					·					
ES NO		(Check ea	ach item)	YES	МО	(Check each item)	ÝES	МО		(Check	each i	tem)	YES	NO	((heck each item)
X	SCARL	ET FEVER. E	RYSIPELAS		X	GOITER		x	TUMO	R, GROW	TH, CYS	T, CANCER		X	"TRICK"	OR LOCKED KNEE
x	DIPHT	HERIA		Г	x	TUBERCULOSIS		X.	APPENDICITIS					x	FOOT TR	OUBLE
x	RHEU	MATIC FEVE	R	Г	x	SOAKING SWEATS (Night sweats)		x						x	NEURITI	NEURITIS
x	SWOL	EN OR PAIN	IFUL JOINTS		x	ASTHMA		X	FREQUENT OR PAINFUL URINATION				x	PARALYSIS (Inc. infantile)		
x	мимр	s			x	SHORTNESS OF BREATH		×					×	EPILEPSY OR FITS		
x	WHOO	PING COUGI	ł		x	PAIN OR PRESSURE IN CHEST		X					x	CAR, TR	AIN, SEA, OR AIR SICKNES	
x	FREQU	IENT OR SE	ERE HEADACHE	Г	x	CHRONIC COUGH		x	SUGA	R OR ALE	UMIN IN	URINE		x	FREQUE	IT TROUBLE SLEEPING
X.	DIZZII	ESS OR FAI	NTING SPELLS	Π	X	PALPITATION OR POUNDING HEART		x	BOILS					x	FREQUENT	OR TERRIFYING NIGHTMARES
x	EYE T	ROUBLE			x	HIGH OR LOW BLOOD PRESSURE		x	VENE	REAL DIS	EASE			x	DEPRESS	ION OR EXCESSIVE WORK
X	EAR, I	OSE OR TH	ROAT TROUBLE	X		CRAMPS IN YOUR LEGS		x	RECE	IT GAIN	OR LOSS	OF WEIGHT		X	LOSS OF	MEMORY OR AMNESIA
× ===	RUNN	NG EARS		Τ	k	FREQUENT INDIGESTION	X AF			ARTHRITIS OR RHEUMATISM				x	BED WET	TING
x	CHRO	NIC OR FRE	QUENT COLDS	Γ	x	STOMACH, LIVER OR INTESTINAL TROUBLE		×.	BONE,	JOINT, C	R OTHER	DEFORMITY		x	NERVOU	S TROUBLE OF ANY SORT
x	SEVER	E TOOTH O	R GUM TROUBLE	Τ	x	GALL BLADDER TROUBLE OR GALL STONES		X	LAME	NESS				X	ANY DRU	G OR NARCOTIC HABIT
x	SINUS	ITIS		Г	x	JAUNDICE		x	LOSS	OF ARM.	LEG, FING	ER, OR TOE		X	EXCESSI	VE DRINKING HABIT
x	HAY F	EVER			x	ANY REACTION TO SERUM, DRUG OR MEDICINE		x	PAINFL	L OR "TRI	ck"shou	DER OR ELBOW		x	HOMOSE	XUAL TENDENCIES
1. HAVE	YOU E	VER (Chec	k each item)				22,	FEN	MALES C	NLY: A.	HAVE YO	U EVER	В.	сом	PLETE THE	FOLLOWING:
\mathbf{x}	WORN	GLASSES		Τ	x	ATTEMPTED SUICIDE	Г		BEEN	PREGNA	٩T				AGE AT	ONSET OF MENSTRUATION
x	WORN	RN AN ARTIFICIAL EYE		T	x	BEEN A SLEEP WALKER			HAD A	VAGINA	L DISCH	ARGE			INTERVA	L BETWEEN PERIODS
x	WORN	HEARING A	AIDS	T	X	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	T-		BEEN 1	REATED F	OR A FEMA	LE DISORDER			DURATIO	N OF PERIODS
x	STUT	FERED OR S	TAMMERED	Τ	x	COUGHED UP BLOOD		Π	HAD I	PAINFUL	MENSTRU	JATION			DATE OF	LAST PERIOD
x	WORN	A BRACE (OR BACK SUPPORT	1	x	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	Г		HAD I	RREGULA	R MENS	TRUATION	QU	ANTI	TY: NO	RMAL EXCESSIVE SCAN
3. HOW I	MANY . THREE	OBS HAVE Y	OU HAD IN THE	24	. WH. HEL	AT IS THE LONGEST PERIOD YOU DANY GETHESE JOBS?	25	. WH	IAT IS Y	OUR USL	nt,	PATION?		26.	ARE YOU	(Check one)

YES	МО	CHECK EACH ITEM YES OR NO. EV	VERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
	x	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
	x.	B. INABILITY TO PERFORM CERTAIN MOTIONS	
	x	C. INABILITY TO ASSUME CERTAIN POSITIONS	
	x	D. OTHER MEDICAL REASONS (If yes, give reasons)	
	x	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	•
	x	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	•
	x	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	
	x	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
	x	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	
	x	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR-IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
	x	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
x.		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	Treated by or. Arthur M.Clark, Paulsen Bldg., Spokane, wash. for running ears during 1960
	x	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	x	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
	x	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	_
	x	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY! (If yes, specify what kind, granted by whom, and what amount, when, why)	
I AU	THORIZE	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUP	DIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. DO ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPO

TYPED OR PRINTED NAME OF EXAMINEE

MERICH AUGER ANDERSON

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

20 - Resuring Gas - hx of being wax NCO Cramps . several agos ago while swimming

35 - As Hore NCD

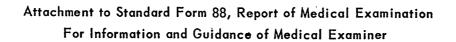
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

D. J. WILLIAM LT, MC, USNI

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS



Name of Examinee	ANDERSON,	Merton Ro	ger			
(Type or print)		Last	First	Middle		
The following portion	ons of the attach	ed examinati	on report form need not	be completed:		
•	2		62			
	. 3					
	4		65 6 7			
	9		68			
	11		69			
	14		72			
	17		72 76			
46 Ja nagaggggy w	ologo familikios f					
40. is necessary un	ness identities i	or altoraing	same are not readily av	allable.		
48. Not required un desirable.	lless examinee is	s over 35 yea	rs of age or examinatio	n indicates such is		
49. Is necessary u	aless facilities f	or affording s	same are not readily avo	nilable.		
71. Audiometer exa	minations should	d be afforded	whenever possible.			
			•			
For All Examinees,	Whether Clerica	l or Special /	Agent Applicants or Em	ployees:		
The medical examiner s	hould answer the fo	llowing question	n:			
Examinee 💃	Zis □is not	qualified for	strenuous physical exe	ertion.		
To be Answered in	the Case of All	Male Employe	es and Male Applicants	s:		
	Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?					
⊠N ₀ □ Y	es If "yes" p	lease specify	defects.			
2. Poes examinee	have any defects	prohibiting s	safe operation of motor	vehicles?		
\ /			defects.			
/	* F					
If examinee has	defective vision	, should he v	vear corrective glasses	while operating a moto		
vehicle?			-	- -		

ENCLOSURE

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5′.4″	117 - 125	123 - 135	. 131 - 148
5′,5″	120 - 129	126 - 139	134 - 152
5′ 6″	124 - 133	130 - 143	138 - 157
5′ 7″	128 - 137	134 - 148	143 - 162
5′8″	132 - 141	138 - 152	147 - 166
5′9″	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5 ′ 11 ″	, · 144 - 154.	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
. 6'1"	· 152 = 163	158 - 176	169 - 190
6′ 2″	, 156 - 167°	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200 .
6 ′ 4″	169 - 180	178 - 196	188 - 210
6 ′ 5″	174 - 185	182 - 202	192 - 216

	•		•	J.,		
						,
Re	emarks:			2		
		,		gain	pounds	•
5.	Under proper medical	supervision, e	examinee should	lose	pounds	
4.	Considering above we I consider his present			e, and other indiv Excessive	vidual physical char Deficient	
3.	Examinee's frame is	small	medium [. 🗀 large		

(Signature of Medical Examiner)

D. J. WILLIAMS LT, MC, USNR

Moral 15-6

(Date)

UNITED STATES GOVERNMENT

Memorandum

•				
то /	Director, FBI	DATE:	4/25/	62
	SAC, SEATTLE		Attention:	Personnel Section
SUBJECT:	SA MERTON R. ANDERSON REPORT OF MEDICAL EXAMINATION			

	Remylet
	☐ ReBulet
22	Re physical examination
	Enclosed are paid unpaid medical bills.
	Attached are Bureau of Employees' Compensation forms
	Physical examination reports are enclosed. (SF-88, SF-89 and FD-300) Employee is scheduled for physical examination on

Seattle copy of report has been forwarded to Resident Agent ANDERSON, Spokane, Washington, for initialing.

1 - Bureau (Encl.-3) (AM)
1 - Seattle
/eon
(2)

3 ENCOCIO

Remarks:

EFFERENCE FEBRUARDS

1932 HE

1

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I. LAST	NAME-F	IRST N	AME-MIDD		r					2. GRADE AND COMPO	NENT OR P	OSITION	3. IDENTIFICATION NO.
			nber, street			n 70me am	d State			5. PURPOSE OF EXAMI	NATION		6. DATE OF EXAMINATION
			St.							ANNUAL			3-28-62
. SEX		8. R								10. AGENCY	II ORGA	NIZATION UNIT	
Ma	1.0	1				RY3y6m		MENT ŞERV	11y	FBI		CTLE, WI	
	OF BIRTI	' _	Cauc	E OF BIR		N 3 y Old		TAICIMIA	119	14. NAME, RELATIONS			
						T.7.2	-						
/	21-20	,	,	V15.	nerra	, Wis	cons	in		(W) Lois J.	ANDE	COUN SE	ame as # 4
EFVAN	UNING FA	CII ITY	OR EXAMIN	FÉ AND	Popece					16. OTHER INFORMATI	ON		
	NG OR SPI		LE, WA	JOUTIN	GION				···································	REL: PR			LAST SIX MONTHS
, KA10	is on sri	CINE	•								(1000)		
			AL EVAL	IATION			NOTE	C (D		w sharemality is det	oil Foto	- nestinant	itam number before one
IOR- I			AL EVAL		te col-	ABNOR-	NOIE	com	ment. C	Sontinue in item 73 ar	id use ad	litional shee	item number before eac ets if necessary.)
1		_	tem in ap "NE" it n		ated.)	MAL	N	1 & S	NR		,		
	9. NOSE	nut,	NECK AND	JUNEF		 			~ 100				
	0. SINUSE												
	1. MOUTH		THROAT			 							
1			AL (Int. & acuity u	ext. canals)	(Audítóry	 	. '			The second of			60
_	23. DRUMS			nder ilems	(V and 71)								
,			AL (Visual under ite	acuity and	refraction							•	
1 .	25. OPHTH			ms 59. 60	and G7)					147			フ無く
			ality and re	action)					6.	Frank harries			
			LITY (Assoc		llel move-				<u> </u>				
			CHEST (Incl						- (
			st, size, rh						- F-3				······································
			STEM (Var			 			- 1-/		·	* [.]	<i>L</i> //
			D VISCERA					ę	ا الرب			4/	
3	32. ANUS A	ND RE	CTUM (Hem	torrhoids, fi	stulae)	×					77	7:1:	シングア
	33. ENDOC			11110. 1) 1114	iculea/			•	'&'JJ	June of the second	`	*090 \	1. 7.3
x 3	34. G-U S	YSTEM											\
X 3	35. UPPER	EXTR	MITIES (St	rength, rang	ie os								\\
	36. FEET									1			
X 3	37. LOWER	EXTR	EMITIES (Ex	cept feet)	of motion)								
			MUSCULO					ند شی	3)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(,	
ж ³	39. IDENTI	FYING	BODY MARK	S. SCARS.	TATTOOS		,	غانيان		1111	$ G_{i}$,	1111/ 8
x 4	IO. SKIN,	LYMPH	ATICS				1	·		PEO	S	. ,	深景。"1
x 4	11. NEURC	LOGIC	(Equilibrius	n lesis und	r item 72)		J.			' REC-140			he sa reserve
x 4	IZ. PSYCH	IATRIC	(Specify any	personality	deviation)		1					W. B. S	
4	43. PELVIC	(Fem	ales only) (Check hou	done)							*	
				AGINAL [RECTAL					(Continu	e in item		1402 /
			opriate sym	bols above	or below n	umber of t	ipper a	nd lower te	eth, respec	tively.)		REMARKS AND DEFECTS AND	ADDITIONAL DENTAL DISEASES
	estorable t onrestorab					-Missing t -Replaced		итев	<u>(</u>	6 X8)—Fixed bridge, brack include abutmer		/\	
R	k X	(3	X	5 6	XX	8)	9	10 11	1 12	X3 14 15 1	X.E	DENT.	QUAL.
G	X (XI	30		28 2		25	24	23 22			X) F	المداهد المدامد	· (<0.110
Ŧ	<u></u>		_ ,						•				
								LABOR	ATORY FIN				
			CIFIC GRAVI	TY	1	1.020		· 		46. CHEST X-RAY (P			•
. ALBU			eg.		D. MIC	ROSCOPIC				#005241 Ne	g. 3-2	28-62 NA	AS SEATTLE, WN.
. SUGAI			eg.		1	•	• NE						·
/. SERO	LOGY (S1	ecify t	est used and	i result)	48. EK	G		BLOOD TYP FACTOR	E AND RH	50. OTHER TESTS			
VDR1	L Neg	. 3	-28-62	2	323	1 8 -6 2		Λ N	NEG.				
					1.2 ** 4	() ** U /_	1	U	VELT .	i			

		ns 4			M	EASURE	MENTS	AND	OTHER I	INDIN	38								
51. HEIGHT		52. WEIGHT	53.	COLOR HA					5. BUILD:								56. T	MPERA	TURE
St. NOGHT			1																
	BLO	 	Arm at hear	rt level)		·1	<u> </u>				Р	ULSE (A	irm at	heart l	evel)		-l		
	sys. 11	<i>-</i> 1	SYS.		S	rs. 106	A. SITT	TING	В	AFTÉR	EXERCIS	E C. 21	MIN, A	FTER	D. RE	CUMBENT			NDING
SITTING	DIAS. 7	RECUM- BENT	DIAS.	STAND	NG -		-	72		88	}		72				3,0	iin.	
59.				60.		1						61.		•	N	AR VISIO	N		
RIGHT 20/	20	CORR. TO 20)/	BY		s.			ζΟ,			8./3	6	CORF	R. TO		В	Y	
LEFT 20/	20	CORR. TO 2	0/	BY		S.			ОХ					CORF	R. TO		_ E	Y	
62. HETERO	PHORIA (S)	ecify distance)	** *																
ES°		EX°	R	t, н,		L, H,	P	RISM	DIV.							PC		PD	
63.	ACCO	MMODATION		64. COL	OR VISI	ON (Test	used and	result))							UNCORR	ECTED		
RIGHT		LEFT		⊢ Pa	sse	a Fa	lant				(:	rest use	d and	score)		CORREC	red		
66. FIELD C	OF VISION			67. NIG	HT VISIO			core)			68. RI	ED LENS	TEST			69. INTR	AOCULA	R TENS	ION
70.	HEA	RING		71.			AU	DIOME	TER	* ‡	, , ,		72.	SYCHO	LOGICAL	AND PSY	СНОМО	TOR	
- NOUT WA	1.	5	15,,,		250	. 500	1000	2000	3000	4000	6000	2000	'	Tests t	usea and	score)			.*. •
KIGHI WV	BLOOD PRESURE (Arm at heart lead) St. 16 St. 17 St. 17		ing in																
I FET WV	1.53 Brown Gray																		
, , , , ,		,	,,,		25	St. COLOR EYES St. BUILD: St. BUILD: St. St. St. St. More Medium Heavy Obesse Normal													
73. NOTES	(Continued)	AND SIGNIFICA	NT OR INTE	RVAL HISTO	RY														
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NCD																			
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74. 00000				**	*** **			t sneet	s ij tiecess	ary)									
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بد																			
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75												-							
		5-FURTHER SP	ECIALIST EX	AMINATIONS	INDICA	TED (Spec	cify)						├						
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		R IS PE	HYS. Q	UAL. E	OR A	AUNUA	L FB	L							B, PH	YSICAL C	TEGOR	Y	
										 ;	 				,,,,,,				
78. IF NOT	QUALIFIED.	LIST DISQUALII	FYING DEFEC	TS BY ITEM	NUMBE	R					•		L	A		-	С	`	E
					<u>- </u>										<u></u>				
		NAME OF PHYS			•			7	SIG	NATURE	1	Ul	"	/					
D.J.	WILL	IAMS, L	r MC U	SNR							////	1M	"IN	ia	u	2			
80. TYPED	OR PRINTED	NAME OF PHYS	SICIAN	۵					SIG	NATURE	//					1 _	_		
						•													
	3	NAME OF DENT		-	cate wh	ich)			SIG	NATURE) _	2					
R.B.	HAYN	ES, CAP	T DC U	SN						,		7],	\mathcal{L}		des	ァゲ	7	
82. TYPED	OR PRINTED	NAME OF REVIE	EWING OFFIC	ER OR APPR	OVING A	UTHORIT	γ		SIG	NATURE		J				71	NUM	BER OF	AT-
												-				V	1	اعاد ســ	

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Standard Form 89 . (Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL HISTORY

			INIS INFURMAL	ION 12 FOR OFFIC	IAL USE UNLT AND	MILE NE	II RE KETEWZEN IN NWAN	THURIZED PERSONS	
1. LAST NAM	E-FIRST N	AME-MIDDLE	NAME				2. GRADE AND COMPONE	NT OR POSITION	3. IDENTIFICATION NO.
And ea	rson,	Merton	Roger				Special .	Agent	
4. HOME ADD	RESS (Nun	nber, street or	RFD, city or tou	on, zone and Stat	ie)		5. PURPOSE OF EXAMINA	TION	6. DATE OF EXAMINATION
N. 55	513 "I	u St.,	Spokane	, Wash.			Annual		3/28/62
7. SEX	8. RACE		9. TOTAL YRS.		10. DEPARTMENT,	AGENCY	OR SERVICE	11. ORGANIZATION UNIT	
M	Whi	te	MILITARY	CIVILIAN	FBI				
12. DATE OF B	IRTH	13. PLACE OF	BIRTH		14. NAME, RELATION	ONSHIP,	AND ADDRESS OF NEXT O	F KIN	
7/2	1/20	Wisl	Dells,	Wisc.	Lois I	. An	derson, wife	- same addre	SS
15. EXAMINING	S FACILITY	OR EXAMINER,	AND ADDRESS			16. OT	HER INFORMATION		
Band	point	NAS, S	eattle,	Wash.					
17. STATEMEN	T OF EXAMI	NEE'S PRESEN	T HEALTH IN OW	N WORDS. (Follo	ow by description of	past his	story, if complaint exists)		

Good

J. PAMI	LY HIS	TORY							19	. HA	S ANY BI R HUSBAN	.00D RELATION	ON (Pare	nt, brother	r, sister, other)		
RELA"	TION	AGE	STATE OF HEAD	LTH		IF DEAD. CAUSE OF DEATH		AG DE	E AT Y	'ES	No	(Check	eac	h it	em)	RELATION(S)		
ATHER		67	Good								- X	HAD TUBER	CUL	osis				
MOTHER	₹ .	66	Good								x	HAD SYPHIL	.IS					
POUSE		34	Good								x	HAD DIABET	ES					
											×	HAD CANCE	₹					
BROTHE	RS	42	Good								x	HAD KIDNEY	/ TR	OUBL	E			
AND											7	HAD HEART	TRO	UBL	:			
SISTER	RS										x_	HAD STOMA	CH 7	rqu	BLE			
				_							x	HAD RHEUM		•				
HILDRE	N	16	Good	<u>l_</u>							x_	HAD ASTHM HIVES	1A,	HAY	FEVER.			
												HAD EPILEP	SY (Fits)				
												COMMITTED	SUI	CIDE				
		<u> </u>							<u>i</u> _		x	BEEN INSAN	E					
. HAVE	YOU E	ER HAD OR	HAVE YOU NOW (I	lace	chec	ck at left of each item)	_											
ES NO		(Check ea	ch item)	YES	МО	(Check each item)	YES	МО	(Ci	heck	each i	tem)	YES	NO	((Check each item)		
x	SCARI	SCARLET FEVER, ERYSIPELAS				GOITER	_	x	TUMOR, G	ROW	TH, CYS	T, CANCER		X	"TRICK"	OR LOCKED KNEE		
x	DIPHT	DIPHTHERIA				TUBERCULOSIS ,		x	RUPTURE					x	FOOT TR	OUBLE		
X	RHEU	MATIC FEVER	₹	_	x	SOAKING SWEATS (Night sweats)		X	APPENDIC				L	x	NEURITIS	·		
X	SWOL	EN OR PAIN	FUL JOINTS	L	x	ASTHMA		x	PILES OR	RECT	AL DISE	ASE		x		SIS (Inc. infantile)		
x	MUMP	s		L	x	SHORTNESS OF BREATH	L	x				URINATION		x		Y OR FITS		
x	WHOO	PING COUGH	l	L	x	PAIN OR PRESSURE IN CHEST	_	x	KIDNEY S	TONE	OR BLO	DD IN URINE		x	CAR, TRA	AR, TRAIN, SEA. OR AIR SICKNES		
x	FREQU	ENT OR SEV	ERE HEADACHE	L	x	CHRONIC COUGH		x	SUGAR OF	ALB	UMIN IN	URINE	L	x	FREQUEN	NT TROUBLE SLEEPING		
x	DIZZIN	ESS OR FAIN	NTING SPELLS	L	x	PALPITATION OR POUNDING HEART	x		BOILS					x	FREQUENT	OR TERRIFYING NIGHTMARE		
x	EYE T	ROUBLE		L	x	HIGH OR LOW BLOOD PRESSURE		x	VENEREAL	. DISE	EASE			x	DEPRESS	SION OR EXCESSIVE WORK		
X	EAR-1	OSE OR THE	ROAT TROUBLE	L.	x	CRAMPS IN YOUR LEGS	L	x	RECENT G	AIN C	OR LOSS	OF WEIGHT	L	x	LOSS OF	MEMORY OR AMNESIA		
x 🗀	RUNN	NG EARS		_	x	FREQUENT INDIGESTION	_	x	ARTHRITI	S OR	RHEUMA	TISM	L	x	BED WET	TING		
x	CHRO	NIC OR FREQ	UENT COLDS		x	STOMACH, LIVER OR INTESTINAL TROUBLE	L	x	BONE, JOH	NT. O	R OTHER	DEFORMITY	L.	x	NERVOUS	S TROUBLE OF ANY SORT		
x	SEVER	E TOOTH OF	R GUM TROUBLE	_	x	GALL BLADDER TROUBLE OR GALL STONES	<u> </u>	x	LAMENES	S				x		JG OR NARCOTIC HABIT		
_	SINUS	TIS		L	x	JAUNDICE		x	LOSS OF A	RM, I	LEG, FING	ER, OR TOE		x		VE DRINKING HABIT		
x	HAY F	EVER		L_	X	ANY REACTION TO SERUM, DRUG OR MEDICINE	<u> </u>	x	PAINFUL OF	"TRIC	CK"SHOUL	DER OR ELBOW		X	HOMOSE	XUAL TENDENCIES		
. HAVE	YOU E	VER (Chec	k each item)				22.	FEN	ALES ONLY	': A. I	HAVE YO	J'EVER	В.	СОМ	PLETE THE	FOLLOWING:		
	WORN	GLASSES		_	x	ATTEMPTED SUICIDE	<u> </u>	<u> </u>	BEEN PRE	GNAN	IT		L			ONSET OF MENSTRUATION		
<u> </u>	WORN	WORN AN ARTIFICIAL EYE BEEN A SLEEP WALKER			L	<u> </u>	HAD A VA	GINA	L DISCH	RGE	_		INTERVA	L BETWEEN PERIODS				
<u>x</u>	WORN	HEARING A	IDS	L	x	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	L	_	BEEN TREAT	ED FO	OR A FEMA	LE DISORDER	L			N OF PERIODS		
x	STUTTERED OR STAMMERED X COUGHED UP BLOOD						L		HAD PAIN	FUL I	MENSTRU	ATION	L			LAST PERIOD		
x			R BACK SUPPORT		x	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	_		HAD IRRE				QU			RMAL EXCESSIVE SCAN		
J. HOW	MANY J	OBS HAVE Y	OU HAD IN THE	24	. WH	AT IS THE LONGEST PERIOD YOU .D ANY OF THESE JOBS?	25	. WH	AT IS YOUR	usu	AL OCCU	PATION?		26.	ARE YOU	(Check one)		

16-62289-1

YES	NO	CHECK EACH ITEM YES OR NO. EV	ERY ITEM €HECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
	x	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
	x	B. INABILITY TO PERFORM CERTAIN MOTIONS	
	x	C. INABILITY TO ASSUME CERTAIN POSITIONS	
	x	D OTHER MEDICAL REASONS (If yes, give reasons)	
		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	
	 X	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
	x	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	
	x	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
хх	-#-	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE ANY OPERATIONS? (If yes, describe and give age at which occurred)	Tonsilectomy - Military Service 1943 USAF
	x	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR NUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	Bares - when a coul
	x	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
x		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS PHYSICIANS. HEALERS. OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	Virus infection in inner ear caused dizziness. Treated by Dr. Arthur Clark, Spokane, Wash. 1961.
	x	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	x	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
	x	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	x	39 HAVE YOU EVER RECEIVED. IS THERE PENDING. HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	
I AU	THORIZE	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPL ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE,	LIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOS
PED O	RPRINTE	ED NAME OF EXAMINEE	S GNATURE CO.C.
M	ERTO	N R. ANDERSON	Meriton & Muderson
BHYC	ICIAN S	SUMMARY AND FLABORATION OF ALL PERTINENT DATA (P)	sysician shall comment on all positive answers in items 20 thru 39)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER D. J. M. ILLIA...S

J-28-62

SIGNATURE

NUMBER OF ATTACHED SHEETS

U.S. GOVERNMENT PRINTING OFFICE 1950 O 74678

16-62289-1

" FD-300 (Rev 2-9-60)

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee	ANDERSON.	Merton	Roger
(Type or print)	Last	First	Middle
The following portion	s of the attached examinat	ion report form nee	d not be completed:
	2	60	
	2 3	62 65	,
	4	67	
	9	68	
	11	69	
	14	72	
	17	76	
46. Is necessary unle	ess facilities for affording	same are not read:	ily available.
48. Not required unle	ess examinee is over 35 ye	ars of age or exam	ination indicates such is
	ess facilities for affording	same are not readi	ly available.
40. In necessary and	, as identifies for differently	bame are not read	if available.
71. Audiometer exam	inations should be afforded	d whenever possibl	e.
For All Examinees, W	hether Clerical or Special	Agent Applicants	or Employees:
The medical examiner sho	uld answer the following questi	on:	
Examinee 💢	is Dis not qualified fo	r strenuous physic	al exertion.
To be Answered in th	e Case of All Male Employ	ees and Male Appl	icants:
	ve any defects restricting rous assignments which mi		
No Yes	If "yes" please specif	y defects.	
2. Does examinee ha	ve any defects prohibiting	safe operation of r	notor vehicles?
No ☐ Yes	s If "yes" please specif	v defects.	
r y -xx 140	n les biense specii	., четеоть.	
If examinee has de	efective vision, should be	wear corrective alo	asses while operating a motor
vehicle? Ye			
	The grand of		
	1 /1		• •
	67.2	414:1-	1.

Desirable Weight CRiding est for Males

Height	Small Frame	Medium Frame	Large Frame
5′ 4″	117 - 125 MAY		131 - 148
5′,5″	120 - 129	126 - 139	134 - 152
5′ 6″	124 - 133	130 - 143	138 - 157
5′ 7″	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5 ' 10 "	140 - 150	146 - 161	155 - 175
5 ′ 11 ″	144 - 154	150 - 166	160 - 180
6 '	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6 ′ 2″	156 - 167	163 - 181	174 - 195
6′ 3″	160 - 171	168 - 186	178 - 200
6 ′ 4″	169 - 180	178 - 196	188 - 210
6 ′ 5″	174 - 185	182 - 202	192 - 216

3.	Examinee's frame is small medium	large
4.	Considering above weight table, the examinee's frame I consider his present weight Satisfactory	, and other individual physical characteristics Excessive Deficient
5.	. Under proper medical supervision, examinee should	losepounds
		gainpounds
Re	emarks:	
	<i>y</i>	M. J. WILLIAMS
	/0:	(· / / · / · · · · · · · · · · · · · ·

3 - 28 - C2 Date)

(Date)

Byr	eau c	Juin 1956) of the Budg A–32 (Rev	et .)	••	•	N	2POR	T OF	ME	DIC	AL	EXA	MIN	IATIO	Ol					88-106
11	. LAS	T NAME-FI	RST NAM]			ONENT O		ION	3. IDENT	FICATION NO).
		DERSC					<i>*</i> :						_		AGE				****	
4.	. HOI	ME ADDRESS	(Numb	er, street	or RFD,	city or tow	n, zone a	nd State)				5. PUR	RPOSE O	F EXAM	INATION			6. DATE	OF EXAMINA	TION
		40 W.			t.,]						•			L P	HYS:			1	28/63	;
	SEX		8. RAC		0 6			GOVERNA				10. AG			11. 0	RGANIZ	ATION UNI			. –
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,	1/	21/20)	₹	Visc	onsir	De:	lls,	Wi	sco	nsi	1						rson	,	
15.	. EXA	MINING FAC	ILITY O	I R EXAMI	NER, AND	ADDRESS					•	16. OT	HER IN	FORMAT	TION SE	eme-	-add1	?0 S S -		
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17.	RAT	TING OR SPE	CIALTY							-444.	-	TIME IN	THIS	CAPACIT	Y (Total	1)	* 31 31	LAST SIX	MONTHS	
				L EVAL			ABNOR-	NOTE	S. (De	scribe mmen	every	abnori ntinue	mality in ite	in de m 73 a	tail. E	nter pe	ertinent onal she	item nur ets if nece	nber befor essary.)	re each
M M	OR- AL	(Check e umn; e				usted.)	MAL.													
		18. HEAD, I	FACE, NE	CK. AND	SCALP															
	H	19. NOSE 20. SINUSES					 													
	H	21. MOUTH		HROAT																
		22. EARS-			ext. canals) (Auditory 70 and 71)														
	П	23. DRUMS																		
_		24. EYES-	GENERA	L (Visual under it	acuity and ems 59, 60	refraction and G7)														
		25. ОРНТН	ALMOSC	OPIC																
	\sqcup	26. PUPILS		-		-17.1														
		27. OCULAI					 													
_	\vdash	28. LUNGS																		
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	T	34. G-U S										,	;	> ~	, ; · · · ·	1 mg	-/	7 *** 	· >	g O Z
		35. UPPER	EXTREM	IITIES (Si	trength, ran tion)	ige of								S	earche	n 	*. *****	ي. در ساله)83 	,
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	1	37. LOWER					\vdash			<u>, a</u>	O. King	er e		ECI	_	21 - 11 22 1 12	- AT.	nfores and		
		38. SPINE,					$\vdash \vdash \vdash$			J.P	•		23	~U~L	40	-CL ^T	BE E	M		
	╀	39. IDENTI			NO. SCARS	. 1A1100S			اللايد							Er.	///	7.1		
	-	41. NEURO			m tests und	der item 72)	$\vdash \vdash \vdash$, (Ţ		•
	+	42. PSYCH																•		
		43. PELVIC	(Femal	les only)	(Check ho	w done)														
				v	AGINAL (RECTAL-	1:01		(i ·	•			(0	ontin	ue in ite	em 73)				
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45	. ur	INALYSIS: /	A. ȘPECII	FIC GRAV	ттү 1	.020							HEST X	-RAY (Place, da	te, film	number a	nd result)		
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	SUG	ar n	eg.			am	orpho	ous m	åter	ial	•	1	•	63:_		mal.			<u> </u>	
47	. SEI	ROLOGY (SI	ecify tes	t used an	d result)	48. ÉK	Ġ Ţ	49, 1	BLOOD T		_	1	THER T				, , , , ,			-
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						M	EASURE	MENTS	AND	OTHER	FINDING	SS						7°-	
51. HEIĞHT	S. 18 1 1.00 1.00 1.00 1.00 1.00 1.00 1.0																		
_51	The continue of the continue																		
57.	THE PROPERTY OF DIFFECTS AND DANGED SPECIAL ST EXAMINATIONS DISCRITE (Specify) WILDER FOR WILD SPECIAL SPECIA																		
A.	MERCHANDATION STATE OF SETECTS AND DIAGNOSES (Last diagnoses with item number) MINON PERCHANDATION STATE OF STATEMENT STATEME			NG															
SITTING	SUBMINISTER AND DIAGNOSES (List diagnoses with item numbers) WHEAT PROBLEM AND DIAGNOSES (List diagnoses with item numbers) WHEAT PROBLEM AND DIAGNOSES (List diagnoses with item numbers) WHEAT PROBLEM AND DIAGNOSES (List diagnoses with item numbers) WHEAT PROBLEM AND DIAGNOSES (List diagnoses with item numbers) WHEAT DIAGNOSE AND DIAGNOSES (List diagnoses with item numbers) WHEAT DIAGNOSE AND DIAGNOSES (List diagnoses with item numbers) WHEAT DIAGNOSE (Constituted) AND DIGHTSCANT OR INTERVAL HISTORY WHEAT DIAGNOSES (Constituted) AND DIGHTSCANT (Constituted) AND																		
59.	MICHARDITECTOR AND DESCRIPTION OR INTERVAL HISTORY INCOMENSA 778 S. WEIGHT S. COLOR HART S. COLOR FYES S. WEIGHT S.																		
RIGHT 20/	THE STATE OF THE S			r															
LEFT 20/	BIT STATE OF PRESENCE AT THE AREA HERO STATE AND DIAGNOSES (And diagnoses with tern numbers) SET STATE OF PRESENCE (ATT and bear lefts) SET STATE CARROLL (ATT and b																		
62. HETER	DUS. 78 RECUM- DISTART VICION DISTAR																		
ES°	SPACE OF DEFECTS AND CERCROSES (List diagnoses with Sees numbers) (Une additional shorts if recessary)																		
63.	THE SUMMERS AND COMMERCE AT A DESCRIPTION OF DETECTS AND COMMERCE SHIRT SEARCH SHIRT STANDARD SIGNAL FOR THE STANDARD SIGNAL FOR STANDARD SIGNAL F																		
RIGHT	BILLO PROPERTY SIGNATURE ST. WILLIAM ST. COLOR PLAN IN S. COLOR PLAN IN S																		
66. FIELD	TREADMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) TES (Continued) AND DISCRIFTOR CONTINUES AND DAMANCES (List diagnace with item numbers) TES (Continued) AND DISCRIFTOR CONTINUES (Specify) TES (Continued) AND DISCRIFTOR CHART OR INTERNAL HISTORY TES (CONTINUED FOR CLUT) LIST IS INTERNAL HISTORY TES (CONTINUED FOR CLUT) TES (CONTINUED FOR CLUT) LIST SERVED FOR CLUT) TES (CONTINUED FOR CLUT) TES (CONTINUED FOR CLUT) LIST SERVED FOR CLUT) TES (CONTINUED FOR CLUT) TEST (CONTINUED FOR CLUT)																		
70. •	BLOOD PRESSURE (Arm of heart lead) Section																		
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74. SUMM	ARY OF	DEFECTS AN	D DIAGI	NOSES (List	diagnoses 2	vith item			nal sheet	ts if nece	ssary)								
75. RECOM	MENDA	TIONS—FUR	THER SE	ECIALIST EX	AMINATION	S INDICA	TED (Spe	ecify)											s
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AStandard Form 89 (Riva Aig. 1950) PROMUGATED BY BUREAU OF THE BUDGET CROULAR A-24

REPORT OF MEDICAL HISTORY
THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

			THE INCHASE	ton to ton office	WE ONE OHER WID	ITTLE ITO	DE NECENO	LD TO ORNO	THOMELD I LINOUNS	
1. LAST NAME-	FIRST N	ÀME-MIDDLE	NAME				2. GRADE A	ND COMPONE	ENT OR POSITION	3. IDENTIFICATION NO.
ANDERS	ON,	MERTOI	V R.			1	SPEC	IAL A	IGENT	* * *
4. HOME ADDR	ESS (Nun	aber, street or .	RFD, city or to	vn, zone and Stat	e)	7	5. PURPOSE	OF EXAMINA	ATION	6. DATE OF EXAMINATION
1340 W	• 6t	h St.	Los A	Ingeles,	, Calif.		UNNA	AL PI	HYSI CAL	3/28/63
7. SEX	8. RACE			GOVT. SERVICE	10. DEPARTMENT	, AGENCY	OR SERVICE		11. ORGANIZATION UNIT	
Male	Cau	c	3 ELITARY	GIVILIAN 12	F E	3 I			* *	* *
12. DATE OF BIF	RTH	13. PLACE OF	BIRTH		14. NAME, RELAT	IONSHIP.	AND ADDRESS	S OF NEXT O	F KIN	
7/21/2				Dells, W	isc.	Wif	e - L	ois A	anderson, s	ame address
15. EXAMINING.	FACILITY (or examiner.	AND ADDRESS			16. OT	HER INFORMA	TION		
US PU	BLIC	HEAL	CH, Sar	Pedro	, Calif.				* * *	
17. STATEMENT	OF EXAM	NEE'S PRESEN	T HEALTH IN OW	N WORDS. (Follo	no by description o	f past his	tory, if comp	laint exists)		

Good

18: FAMI	LY HIST	ORY		_			-		19. H	IS ANY B R HUSBAI	LOOD RELATIOND OR WIFE:	N (Pare	nt, brother	, sister, other	·)
RELA	TION	AGE	STATE OF HEAD	LTH		IF DEAD, CAUSE OF DEATH		AG DE	E AT YES	NO	(Check	eac	h it	em)	RELAT	ION(S)
FATHER		69	good							x	HAD TUBERO	CULC	SIS			
MOTHER	₹	68	good							x	HAD SYPHIL	.is				
SPOUSE		36	good							×	HAD DIABET	ES				
									x		HAD CANCER	3			grand	lfethe
EROTHE	RS	43	good							x	HAD KIDNEY	TRO	วยยน	.E .		
AND										x	HAD HEART	TRO	UBLE	2		
SISTE	s no	ne								3	HAD STOMA	сн т	ROU	BLE		
										7	HAD RHEUM					
CHILDRI	EN					,				35	HAD ASTHM HIVES	1A.	HAY	FEVER,		
Son		17	good_	,						x	HAD EPILEPS	5Y (Fils)			
		•								x	COMMITTED	SUI	CIDE			
										x	BEEN INSAN	E				
O. HAVE	YOU EV	ER HAD OR	HAVE YOU NOW (7	Place	e chec	k at left of each item)										
YES NO		(Check e	och item)	YES	NO	(Check each item)	YES	МО	(Chec	k each .	item)	YES	Ю	((heck each	item)
X	SCARL	et fever, e	RYSIPELAS		X	GOITER	Π	x	TUMOR, GROV	VTH, CYS	T, CANCER	Γ	35	"TRICK"	OR LOCKED	KHEE
X	DIPHT	PHTHERIA			x	TUBERCULOSIS		X	RUPTURE	,			x	FOOT TROUBLE		
x	RHEUN	ATIC FEVE	R		X	SOAKING SWEATS (Night sweats)		X	APPENDICITIS	+ A			x	NEURITIS	, ,	
x	SWOL	EN OR PAIN	IFUL JOINTS		X	ASTHMA	T	x	PILES OR REC	TAL DISE	ASE	Г	X	PARALYSIS (Inc. infantile)		
X	MUMP	s	•	Τ	x	SHOTTNESS OF BREATH		x	FREQUENT OR	PAINFUL	. URINATION	Γ	X	EPILEPSY OR FITS		
x	WHOO	PING COUGI	X		x	PAIN OR PRESSURE IN CHEST .		-	KIDNEY STON	OR ÉLO	OD IN URINE		X	CAR, TR	IN, SEA, OR A	IR SICKNES
x	FREQU	ENT OR SE	ERE HEADACHE		x	CHRONIC COUGH	\vdash	×	SUGAR OR AL	BUMIN IN	URINE	Г	X	FREQUE	T TROUBLE S	LEEPING
x	DIZZIN	ESS OR FAI	NTING SPELLS	Τ	-x	PALPITATION OR POUNDING HEART	1	¥-	BOILS				x	FREQUENT	OR TERRIFYING	3 NIGHTMARE
×	'EYE T	ROUBLE			X	HIGH OR LOW BLOOD PRESSURE	\vdash	1	VENEREAL DIS	EASE			3	DEPRESS	ON OR EXCE	SSIVE WORR
x	EAR, N	OSE OR TH	ROAT TROUBLE	\vdash	x	CRAMPS IN YOUR LEGS	1	-	RECENT GAIN	OR LOSS	OF WEIGHT		3	LOSS OF	MEMORY OR	AMNESIA
3	RUNNI	NG EARS		\vdash	363c	FREQUENT INDIGESTION	Т	7	ARTHRITIS OF	RHEUM	ATISM		3	BED WET	TING	
28	CHRO	NIC OR FRE	QUENT COLDS	1	-	STOMACH, LIVER OR INTESTINAL TROUBLE	1	~	BONE, JOINT,	OR OTHE	R DEFORMITY	ऻ	5	NERVOUS	TROUBLE OF	ANY SORT
23	SEVER	е тоотн о	R GUM TROUBLE	T	~	GALL BLADDER TROUBLE OR GALL STONES	T	×	LAMENESS			Π	X	ANY DRU	G OR NARCO	TIC HABIT
X.	SINUS	TIS	***************************************	1	2	JAUNDICE	T	7	Loss of ARM,	LEG, FIN	SER, OR TOE	Γ	5	. EXCESSI	E DRINKING	HABIT
	HAY F	EYER		\vdash	X	ANY REACTION TO SERUM, DRUG OR MEDICINE	T	x	PAINFUL OR "TR	ICIC''SHOU	LDER OR ELBOY	Γ	X	HOMOSE	KUAL TENDEN	ICIES
21. HAVE	YOU E	VER (Chec	k each item)	-1			22	1	ALES ONLY: A.	HAVE YO	U EVER-	₿.)	PLETE THE	FOLLOWING	:
x		GLASSES		Τ	¥	ATTEMPTED SUICIDE	\vdash		BEEN PREGNA			Γ		AGE AT O	NSET OF ME	NSTRUATION
7	WORN	AN ARTIFI	CIAL EYE.	1	-	BEEN A SLEEP WALKER	厂		HAD A VAGIN	AL DISCH	ARGE	1.		INTERVA	BETWEEN P	ERIODS
x		HEARING A		T	X	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	T		BEEN TREATED F	OR A FEM	ALE DISORDER	Ì			N OF PERIODS	
X		ERED OR S	TAMMERED	1	x	COUGHED UP BLOOD	T		HAD PAINFUL			Г		DATE OF	LAST PERIOD)
x			OR BACK SUPPORT	-	×	BLED EXCESSIVELY AFTER INDIRY OR	1	\vdash	HAD IRREGUL			QU	ANTI	TY: 1:00	MAL EXCES	SIVE SCAH
23. ноч	MANY J	OBS HAVE	OU HAD IN THE		. WH	AT IS THE LONGEST PERIOD YOU	25	. WH	AT IS YOUR US				26.	ÀRE YOU	(Check on	e)
PAST	THREE	YEARS? _	ne	1		LD ANY OF THESE JOBS? NTHS three years	1	5-0-	ecial Ag	~~~÷			1	RICHT H	ANDED T	LEFT HANDED

67-241 11-1-70

YES	Ю	CHECK EACH ITEM YES OR NO. E	EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB RECAUSE OF:	The state of the s
	x .	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
:	x	B. INABILITY TO PERFORM CERTAIN MOTICNS	
	x	C. INABILITY TO ASSUME CERTAIN POSITIONS	•
	x	D. OTHER MEDICAL REASONS (If yes, give reasons)	
-	x	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	
	x	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
	x	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yos, state reason and five details)	
	x	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
ĸ		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	Tonsilectomy - 22 yrs. in USAF
	x	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntery) IN A MENTAL HÖSPITAL OR SANATOR-IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
:	x	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
: X :		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	By HAROLD OWENS, M.D. 2010 Wilshire Blvd. L.A.Califor ear funguscured.
	x	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	x	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL OR OTHER REASONS! (If yos, give date and reason for rejection)	
-	x.	38. HAVE YOU EVER BEEN DISCI'ARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	x	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABIL- ITY1 (If yes, specify what kind, granted by whom, and what amount, when, why)	· · · · · · · · · · · · · · · · · · ·

I CERTIFY THAT PHAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL, RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

Merton R. Anderson

Mertan

R. Auderson

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 89)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMP

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

SPENCER FOREMAN, MD., SA. R

3-28-63

16-R9SR9- TI. R. COVERNMENT PRINTING REF

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee	ANDERSON,	MERTON	R.
(Type or print)	Last	First	Middle
The following portions of the attac	hed examination repo	ort form need not b	e completed:
2 3 4 9 11	14 17 62 65 67	6 7	58 59 72 76
46. Is necessary unless facilities	for affording same o	re not readily ava	ilable.
48. Not required unless examinee desirable.	is over 35 years of c	ge or examination	indicates such is
49. Is necessary unless facilities	for affording same a	re not readily ava	ilable.
71. Audiometer examinations show applicants and Special Agents accepted if the hearing loss ex sational speech range (500, 10	. Applicants for the xceeds a 15 decibel	Special Agent po	sition will not be
For All Examinees, Whether Cleric	at or Special Agent	Applicants or Emp	loyees:
The medical examiner should answer the	following question:		
Examinee is is no	t qualified for stren	lous physical exe	rtion.
To be Answered in the Case of All	Male Employees an	d Male Applicants	:
Does examinee have any defect tactics and dangerous assignment	-		
No Yes If "yes"	please specify defec	ts	
2. Does examinee have any defect No Yes If "yes"	s prohibiting safe op		ehicles?
3. For safe driving of motor vehic test at least 20:/40 in one eye of examinee wear corrective glass If recommendation is based on	and 20/100 in the others while operating o	ner, corrected or u motor vehicle? D	ncorrected. Should Yes No.
<u> </u>	NCLOSUBE /	67-241	451-90

mRg

HEOD SOMMA DINK

Desirable Weight Ranges for Males

			1918 IN 3
Height	Small Frame	Medium Frame	Large Frame 41 PH
5′ 4″.	117 - 125	123 - 135	131 - 148
5′ 5″	120 - 129	126 - 1.39	134 - 152
5′ 6″	124 - 133	130 - 143	138 - 157
5′ 7 ″	128 - 137	134 - 148	143 - 162
5′8″	132 - 141	138 - 152	147 - 166
5′ 9 ″	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6 '	148 - 158	154 - 171	164 - 185
6 ' 1 "	152 - 163	158 - 176	169 - 190
6′ 2″	156 - 167	163 - 181	174 - 195
6'.3"	160 - 171	168 - 186	178 - 200
6 ′ 4″	169 - 180	178 - 196	188 - 210
6′ 5″	174 - 185	182 - 202	192 - 216

3.	Examinee's frame is small medium	large
4.	Considering above weight table, the examinee's frame I consider his present weight Satisfactory	e, and other individual physical characteristics, Excessive Deficient
5.	Under proper medical supervision, examinee should	losėpounds
		gainpounds
Re	marks:	· · · · · · · · · · · · · · · · · · ·
		<i>y</i> .

(Signature of Medical Examiner)

UNITED STATES CIVIL SERVICE COMMISSION CERTIFICATE OF MEDICAL EXAMINATION

MERTON R. ANDERSON BOX 68 HONDO TEXA
Mane) (Name) (Name) (Rost-office address)
(Syx) (Syx) (Title of examination taken)
(Department and bureau in which you are to be employed) (City or town in which you are to be employed)
1. Have you any physical defect or disease or disability whatsoever?
2. If answer is "yes" give details sight astigmatism Corrected by glasses
Doctor: ALL QUESTIONS MUST BE ANSWERED
inches. pounds. (Weight, without shoes) pounds. (Weight, in clothing) pounds. (Weight, without clothing) Males, with and without clothing; femal clothed, but without wrap or hat.
Items checked (V) were examined and found normal. Deviations from normal are noted under "Remarks." (S instructions on reverse side, numbered to correspond with items below.)
1. Eyes: Distant vision (Snellen): Without glasses: Right: Left: 20 With glasses if worn: Right: Left:
Near vision: What is the longest and the shortest distance at which the following specimen of Jaeger No. 2 ty can be read by the applicant? Test each eye separately.
and employees in the Federal classified service as may be requested by the Civil Service Commission or its author-
ized representative. This order will supplement the Executive orders of May 29 and June 18, 1923 (Executive order, September 4,
1924). (Jaeger No. 2) (L in. to in. in. to in.
Evidence of disease or injury: Right Left Left
Color vision: Is color vision normal when Ishihara or other color plate test is used?
2. Ears: (Consider denominators indicated here as normal. Record as numerators the greatest distance heard.) Ordina
conversation: Right ear—20 Left ear—20 Evidence of disease or injury: Right ear Left ear—30 Left ear—3
20 ft. 20 ft. 5a. History of peptic ulcer: If history is present, is ulce
3. Nose, sinus disease, etc. Healed? Healed?
after an a A Norma
Charles and Marine American
4. Mouth and throat Yours Albert How long? Has an X-ray study be made?
4. Mouth and throat Yours Albert How long? Has an X-ray study be made?
4. Mouth and throat Touche Albert How long? Has an X-ray study be 5. Gastro-intestinal made? 6. Metabolic disorders 6a. Thyroid (especially in women) 6b. Diabetes Mellitus 7. Heart and blood vessels
4. Mouth and throat Tokke Albert How long? Has an X-ray study be 5. Gastro-intestinal made? 6. Metabolic disorders love 6a. Thyroid (especially in women) lower 6b. Diabetes Mellitus 7. Heart and blood vessels
4. Mouth and throat 7000000000000000000000000000000000000
How long? Has an X-ray study be made? 6. Metabolic disorders 6a. Thyroid (especially in women) 6b. Diabetes Mellitus 7. Heart and blood vessels Blood pressure: Mm. Hg. systolic Is organic heart disease present? 8. Lungs: Right History of tuberculosis? How long? Made? Made? Made? Made? Made? Made? Made? Made Provided Study be made P
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How long? Has an X-ray study be made? 6. Metabolic disorders 6a. Thyroid (especially in women) 6b. Diabetes Mellitus 7. Heart and blood vessels 6m. Hg. systolic 6m. Hg. diastolic 6m. Hg. dia
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How long? Has an X-ray study be made? 6. Metabolic disorders 2 6a. Thyroid (especially in women) 6b. Diabetes Mellitus 7. Heart and blood vessels Blood pressure: Mm. Hg. systolic Is organic heart disease present? 8. Lungs: Right History of tuberculosis? If so, has the disease been arrested for at least 1 year? If there is a history of tuberculosis, is any type of collapse therapy being received at present? (If so, give full deta under remarks) 9. Hernia (If present, name variety: Inguinal, ventral, femoral, post-operative) etc. fread definition on reverse before answers. Varicose veins Varicose (see note 10 on reverse side) 11. Feet: Is flat foot present? (See note 11 on reverse side) 12. Deformities, atrophies, and other abnormalities, diseases, or defects not included above 11 (Source) (By present, and other abnormalities, diseases, or defects not included above 11 (Source) (By present) (By present, state location and degree) (By present, state
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The aim of the Executive order. September 4, 1924, under which this examinate is made, is to obtain information as to the physical condition of appoint es to the classified civil service with a view to promoting efficiency and minimizing accidents and claims under United States employees' compensation laws.

Notes for Examining Physician

WEIGHT .- Males, without clothing, and also in ordinary clothing without overcoat or hat (weigh twice); females. clothed, but without wrap or hat.

HEIGHT.—Without boots or shoes; observe that no appliances are used to increase. The examination should include the following observations:

1. Eyes.—Ptosis; discharge; corneal scar; pterygium. In recording distant vision consider 20 feet as normal and report all vision as a fraction with 20 feet as numerator and the smallest type read at 20 feet as denominator. If glasses are shallest type read at 20 feet as denominator. If glasses are used, record for each eye the finding with and without glasses. Near vision must be reported. In testing vision without glasses the applicant or appointee should be instructed to remove the glasses at least one-half hour before testing uncorrected vision.

2. Ears.—Evidence of middle ear or mastoid disease; condition of drums; discharge. In recording hearing, record 20 feet as normal distance for conversational voice and record deviation from normal as fraction with 20 as denominator

and actual distance as numerator.

3. Nose.—Ability to blow through each nostril. If free, a speculum examination would not be indicated.

4. Mouth and throat.—Missing teeth, pyorrhea; tonsils, hypertrophy or disease.

b. Gastro-intestinal.—Ulcers, inflammations, etc.
6. Thyroid.—Presence of tumor in neck and tremor, exophthalmos; nervous high-strung disposition, especially

in women.
7. Heart.—Murmurs. State whether functional or organic. If valvular disease exists, state whether or not it is fully com-

pensated. Arteriosclerosis.

8. Lungs.—It is necessary that the auscultatory cough be used. If tuberculosis is present, state whether active or arrested; if arrested, state your opinion as to how long it has

been quiescent. Sputum to be examined for tubercle bacilli in all suspected cases.

9. Hernia.—Give details as to size, location, etc., and whether well-fitting truss is worn. Inguinal hernia exists when ring is enlarged and on coughing visceral impulse is felt which follows the finger on withdrawal.

10. Varicocele.—If varicocele is present, state approximate size—e.g., size of walnut, lemon, etc.

size—e. g., size of walnut, lemon, etc.

11. Flat foot of such a nature as to incapacitate or become aggravated by work or be alleged later to have been caused by accident or occupation. By "flat foot," as used in this form, is meant a weak foot with impaired function, the term being equivalent to "fallen or misplaced arch," an abnormal condition. Impairment of function is the point to be noted. An anatomically flat foot, but strong, is not disqualifying. Function should be tested by requiring the examinee to raise his weight several times on his toes and to jump as far as possible, alighting on his toes.

12 and 13. Scars, deformities, atrophies, and paralyses should be noted, but it is not important that small insignificant scars or blemishes which might be referred to as marks

of identification be recorded.

14. This entry should include symptoms and full history of any mental or nervous abnormality.

15. Urinalysis to be made in case of persons over 40, and in all cases where arteriosclerosis, nephritis, or diabetes is suspected, and when obesity is found on examination.

	Record of urinalysis, if made: Sp. gr Albumen Sugar Casts
cise	Blood serology test, if made: Result
	In my opinion, applicant is capable of performing duties involving (Arduous, moderate, or light) REMARKS:
	(Signature of applicant) — Werlbu A. Auduscu (This space to be filled in, as a matter of identification, by the applicant in own headwriting, and in link, in the presence of the physician)
A	(Place of examination—City and State) (Place of examination—City and State) (Date of examination) The examining physician must be a duly licensed doctor of medicine (M. D.) (If in Federal medical service, give title and branch) Full time? Part time? Fee paid?
	The personnel officer should fill in the blanks below before sending this form to the Commission for action
	pe appointed in(Department) (Bureau) s of position
Тур	e of appointment (check): Original appointment Transfer Reinstatement Classification
Nun	aber of certificate upon which applicant's name appears (to be given in case of original appointment)

FEDERAL BUREAU OF INVE GATION

Division Three

Date Mr. H. L. Edwards Director ___Mr. Tolson ___Mr. W. E. Clark ____Mr. C. R. Davidson ____Mr. E. A. Tamm ____Mr. J. E. Edwards __Mr. Glavin ___Mr. D. Norman ___Mr. H. H. Clegg ___Mr. Harbo ____Mr. C. L. Trotter __Mr. Ladd ___Mr. ___Mr. Nichols Room ____Miss____ ___Mr. Rosen __Mr. Tracy Room ___Mr. Mohr _Miss Eitel Miss Guigon ___Mr. Hince ___Miss Hayes ___Mr. M. A. Jones ___Miss Gandy ____Mrs. Jacobs Mr. Nease
Mr. O'Connor
Mr. Pennington ____Mrs. Keefe ____Miss Kubalak ____Mrs. Skilling ___Mr. Q. Tamm Mr. Callahan ____Mrs. Wackerman ____Mr. Gauthier ____Mrs. Wood ___Mr. Gresham __Mr. Gunsser ____Please Handle ___Mr. W. C. Jackson ____Note and Return ___Mr. Newman _Phone Me __Mr. Renneberger ___See Me ___Mr. Travers ____Miss Day ____Mrs. Fern Edwards __Mrs. Brown ____Miss Morse __Mrs. Skillman ___Mrs. Shoemaker ___Miss Weber ___Washington Field ___Personnel Records____Send File _Mechanical Section _Supply Section rith glasses.

Personnel Unit

Washingti

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^{*}Represents notations unsupported by finger

Standard Form 88 (Rev. Aug. 1950) PROMULGATED BY BYREAU OF THE BUDGET CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

AST NAME-	FIRST NAME	-MIDDLE N	AME							2.	GRADE A	AND C	OMPONENT	OR POSITIO	N	3.	IDENTIFICA	TION NO.
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74. SUMMARY OF DEFECTS A	IND DIAGNOSES	(List diagnose	s with item	numbers	3)	** *												
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75. RECOMMENDATIONS—FU	RTHER SPECIAL	IST EXAMINAT	IONS INDICA	TED (Sp	ecify)						76.		PHYSICAL	PROFILE				
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77. EXAMINEE (Check)					······································													
IS QUALIFIED FO	or a	rdu	acr.	-4	de	ti					1		PHYSICAL (CATEGOR	Y			
78. IF NOT QUALIFIED, LIST I						>						A	В	С		E		
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79. TYPED OR PRINTED NAME	E OF PHYSICIAN						SIGNATUR	RE					·					
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81. TYPED OR PRINTED NAMI	E OF DENTIST O	R PHYSICIAN (Indicate wh	ich)		\dashv	SIGNATUI	RE										
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ATTACHMENT TO STANDARD FORM 88 (Revised August, 1950)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

2	62
3	65
<u>ll</u> .	67
14	68
17	. 69
48 (unless other	71
examination in-	
dicates desirable)	
49	72

Chest x-ray not necessary in absence of symptoms, unless examination being conducted at public health facility where chest x-ray is available.

FOR ALL APPLICANTS. WHETHER FOR CLERICALS OR SPECIAL AGENT POSITIONS:

Medical	examiner	should	answer	rottowing	question:
Applica	nt (examin	nee)	is, is	not	quali-

fied for strenuous physical exertion. (Designate which)

FOR ALL MALE APPLICANTS:

Medical examiner is requested to answer following:

Does applicant (examinee) have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms:

If answer is "yes" please specify.

(Signature of Médical Examiner)

(Deta)

:	SAC,	San Antonic(Your file)	September	11,	1952
:		retor, FBI Fon R. A. Derson rk	PERSONAL AND CORP.	TD_TTAI		
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	()	Submit reply promptly.				
		Schedule necessary physical examinat promptly.	ion and surep			
	()	Advise Bureau re physical condition.				
	()	Advise Bureau of present weight with	out clothing.			
	(X)	The Burcau is in receipt of Compensation	ation Forms C. A. 1;	however,		
	1	it is requested that form C. A. 2 a	Lso be executed and	forwarded		
		to the Bureau as soon as possible.				

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:	SAC, San Antonio (Your file)	October 3,	1952
:	: Director, FBI			
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SUPERVISOR'S REPORT OF ACCIDENT

DO NOT USE FOR MOTOR VEHICLE OR AIRCRAFT ACCIDENT

(See Instructions on Back. Use Additional Sheets if Necessary)

_ 5N	1a. TO: (Appropriate	Headquart	ers) F JUSTICE,	WASHINGT	ON 25,D.C	2. ACCIDEN	IT OCCURRED IN	DO NOT USE
Section I REPORTING UNIT	b. FROM: (Reporting Dept. etc., and location—Include town and State or foreign country) FEDERAL BUREAU OF INVESTIGATION, U. S. DEPT. OF JUSTICE, SAN ANTONIO FIELD DIVISION							CODE
Section II WHEN, WHERE, HOW, AND WHY ACCIDENT OCCURRED AND CORRECTIVE ACTION	3. DATE OF ACCIDENT Aug. 13,1952 Aug. 14,196 Aug. 13,1952 Aug. 13,1952 Aug. 14,196 Aug. 13,1952 Aug. 13,1952 Aug. 14,196 Aug. 14,196 Aug. 13,1952 Aug. 14,196 Aug. 14							
WHEN, WHERE, HOW, AND GO	Nothing has carelessnes 9. WHAT REMAINS TO B	s been (ss on the done to co	o correct conditions candone to correct the part of the conditions a	ct this si Anderson	tuation sir			
		RY TO: (Chec EPORTING AGE		PROBABLE DISABILITY (Check one)		10C. ESTIMATED DAMAGE TO PROPERTY OR EQUIPMENT (Fill in one or more)		
	(1) MILITARY (2) PERSONNEL	2) CIVILIAN PERSONNEL	(3) CONTRACTOR PERSONNEL	(1) DEATH	(4) TEMPORARY TOTAL	(1) REPORTING AGENCY (2) CONTRACTOR*	; None	
DATA		OTHER		(2) PERMANENT TOTAL	(5) TEMPORARY PARTIAL	(3) OTHER FEDERAL AGENCY	5	
LATED	(4) OTHER FEDERAL AGENC PERSONNEL	(5)	NONFEDERAL PERSON	(3) PERMANENT PARTIAL	(6) FIRST AID	(4) NONFEDERAL	\$	
CONSI	Not Applicable 13. NAME AND HOME ADDRESS OF INJURED MERTON R. Anderson 14. SEX M 16. BADGE OR SERVICE NO.						I	
Sec. IV WITNESSES	C. Maxtor	1 Farre	ell.,					
Sec. V SU- PER- VISOR	23. DATE 9-26-52		ilian or military)SP	ECIAL SIGNA	URE OF SUPERVISOR	. Lata	· 1	
Section VI REVIEW AND COMMENT	21. COMMENTS ON ADEC	QUACY OF COR	rective action taken, or	1 31	C PROGRESS ON PENE	e product	series.	2
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INSTRUCTIONS

SCOPE: Form applies to every accident, except motor vehicle and aircraft, arising out of the operar tion of a Federal Department or Establishment which results in injury to a person, or damage to property,

This form may be used similarly for operations performed by contractors under the jurisdiction of the reporting department, item 1b. It is not a substitute for any report to the Bureau of Employees' Compensation, but the reverse side of Form C. A. 1 of that Bureau should hereafter not be used.

PREPARATION: Answers must be given to all items on the form except as noted below: Accidents resulting in injury only, require answers to all items except 10c, 11, and 12; accidents resulting in property damage only, require answers to all items except 10a, 10b, and 13 through 21 inclusive; accidents resulting in injury and property damage require answers to all items. If a single accident involves injury to more than one person or damage to the property of more than one owner, a separate Form 92 is to be filled out for each injured person or each owner of damaged property.

SECTION I

Item 2. GOVERNMENT OPERATION. — Work performed by Government forces.

CONTRACTOR OPERATION.—Operation performed by a contractor's forces under jurisdiction of the reporting department named in item 1b.

SÉCTION II

Item S. Date of accident.

m 4. Hour of day or military time.

Include town and State or foreign country.

Items 6, 7. Items must provide all possible information on what happened and a basis for answering items 8 and 9.

SECTION III

Item 10a. Injury to—Self-explanatory.
REPORTING AGENCY.—Department or establishment indicated in item 1b.

Item 10b (1) DEATH. Self-explanatory.

- (2) PERMANENT TOTAL. An injury which permanently and totally incapacitates a person from following any gainful occupation.
- (3) PERMANENT PARTIAL.—An injury which results in the loss of any member or part of a member of the body, or any permanent impairment of functions of the body or part thereof to any degree less than permanent total disability.
- (4) TEMPORARY TOTAL.—An injury other than the above which renders the injured person unable to perform a regularly established job on any day or shift subsequent to the day of injury (including Saturdays, Sundays, and days off).

Stand: PROKULGA	ard Form 92 ted dec. 1917 by Of the Budget Lar A-5 rev.		SUPERVISOR	'S REPORT	OF ACCIDEN	T			
CIRCU	LAR A-3 REV.		DO NOT USE FOR M	COTOR VEHICLE (OR AIRCRAFT ACC	DEHT			
			structions on Ba	ck. Use Addit	ional Sheets i	l Noc	essary)		
Section I REPORTING UNIT	ta. TO: (Appropr Chief of E	ngineers ,	Washington	25, D. C.			2. ACCIDE	NT OCCURRED IN	DO NO
965	b, FROM: (Repo	eting Dept. etc.	, and location—Inclu	de town and State	or foreign count	(10)	GOVERNMENT	CONTRACTOR	CODI
S 2	Dept. of A	rmy, Corp	s of Engineer Huntington	rs, Ohio Ri	ver Div.			1	
-	3 DATE OF ACCIDEN	u 11	ME 1 EXACT I	LOCATION OF ACCIDE	Station 9	-00 '	of street	m gauging	-
_	lost, 8, 70h7 2 P.W. Sec. : Highway bridge over Big Sandy River at								1
£ .	LOUISING BY INJURED FERSON, IF PROPERTY DAMAGE ONLY, BY PERSONS MOST CLOSELY ASSOCIATED WITH ACCIDENT (Tell the complete story of what happened; no signature required)								
95	While maki	ng discha	rge measureme						1
Ĭ.			se of reel a					le, knock-	
ACCIDENT DEGURALD			nd. Crank ha						
55	7/ DESCRIPTION BY I Explain if anyt	RESPONSIBLE SUPE Thing was weong	ryson—civilian on Mill with equipment, me	ITARY (What led to sterial, or jayout t	rp to the acciden and what was don	t, how	did accident 4. Be specifi	actually happen?	1:
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Sec.	the brake	on the re	el was defect ormally the s	Live, the s	ounding we	ight	was bei	ng lowered	1 /
Sector II NY, AND WHY CORRECTIVE			be replaced			1107.0	a by asi	ng ot ava	`
포모			-						
WHERE	& WHAT ACTUALLY	has been done to	CORRECT CONSITIONS C	CAUSING THE ACCIDE	(1)				1
3	Defective 1	brake has	been repaire	ed and hand	-wheel ord	ered	•		1
WHEN,			RECT SUCH CONDITIONS						1
35	Get approval for purchase of hand-wheel to replace crank. Such purchase requires approval by head of plant section.								
		DDIOVALL O		1		I toc			1
		REPORTING AGEN			DISABILITY (k one)	1	QUIPMENT (Fill	IGE TO PROPERTY OR I in one or more)	l
	(I) MILITARY PERSONALL	(2) CHILIAN PERSONNEL	(1) CONTRACTOR PERSONNEL	(I) DEATH	(I) TEMPORARY TOTAL	-	YORTING AGENCY	: 100.00]
¥.		OTHER	_!	(1) PERMANENT	(I) TEMPORARY		MIRACIOR®	<u> </u>	-
9	(4) OTHER FEDERAL AGE		ONFEDERAL PERSON	TOTAL	PARTIAL	AC	ENCY ENCY	Í	
5		- 1		(1) PERMANDET (1) FIRST NO PARTILL			MEDERAL,	1	.]
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			ght and disc	harge meas	urement de	vice			l
Soction III CONSEQUENCES AND RELATED DATA			Huntington D			er 1	l/o		l
8	13. NAME AND HOME		-	asurio, n	I is sex	M		R SERVICE NO.	1
8			in St., Hunt	ington, W.	Va. IS. AGE	43	No		
-	IF REGULAR OCCUPATION OF INJURED III, OFFICIAL ASSIGNMENT AT TIME OF ACCIDENT								
Engineer Aido				Stream gauging of body involved 22. Date injuned stopped work 23. Date injuned returned to					1
			sions on nos	e and Oc	t. 9, 1947		1 100000	11, 1947	l
> 53	z HAMES AND ADDR Ralph N. Bl		EŞ	900	7 Candle CA	***		- W W-	
Sec. ÍV WITHESSES	texpit its bi	LAGR		203.	7 South St.	o n	HILTINGEO	no vae	
	James E. Br				Tenth St.	. , H	untingto	n, W. Va.	
	21 DATE Oct. 11. 47		ian or military) Ch		RE-OF SUPERVISOR	. 7	Jame	1	1
			Gauging Sect		PROGRESS ON PEND	<u>~.</u>	<i>(7</i> '		
_ 8	Instruction	s have bo	en issued th	at brake i	s to be use	ed in	loweri:	ng sounding	l
ONE ONE			isengaged in		• Purchase	of	hand-wh	eels to	ĺ
表面の	reniaca all	cronke ?	og haan gnnw	നൗൻ -					4

SECTION III (Continued)

- (5) TEMPORARY PARTIAL.—An injury which prevents the injured person from performing his own job on any day or shift subsequent to the day of injury, but does not prevent his performing another regularly established job.
- (6) FIRST AID (Medical Treatment Case).—An injury which requires medical treatment only and does not result in loss of time.
- Item 10c. Property or equipment includes material. Give closest estimate possible of damage; do not state "unknown," "undetermined." Each loss must be explained in item 11.
 - (1) REPORTING AGENCY.—Department or establishment indicated in item 1b.

Item 11. Include damage to material.

Item 118. Work or duty assignment by supervisor at time of accident.

Item 20. The date of the first day (subsequent to the date shown in item 3) when the injured commenced losing time.

Item 21. The day injured returned to work; report shall not be delayed beyond the end of calendar month for completion of this item.

SECTION IV

Item 22. Should be "eye witnesses" if available; if not, first persons hearing of accident from injured person or other sources.

SECTION V

Item 23. Supervisor responsible for the information in items 3-22, inclusive.

SECTION VI

Item 24. The designation of the reviewing official is the responsibility of the department or establishment but should be an operating official above the level of the supervisor indicated in item 23.

REMARKS:

title (Civilian or multary)
Chief, Engineering Dav.

DO NOT MUTILATE THESE FORMS IN ANY WAY

OCT 1 5 1952

MAILED 24

Orig. Forw'd. to Bu of Empl Comp. 10/15/52

T WALCOMOR IN

Curry

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE

Federal Employees' Compensation Act of September 7, 1916, as amended

This notice should be submitted ton his behalf, within 48 hours after the superior unless the injury causes distinct a superior medical expense, when it is with the official superior's report of imitted to the Bureau.	ne injury. Notice may be git ability for work beyond the should be forwarded to the F	ven either personally or by day or shift when injury ederal Security Agency, B	y mail. It should occurred, or result ureau of Employee	be retained by the official is in any charge against the es' Compensation, together
		Date of this notice)	, 19
1. I hereby certify that I am emp	loyed as aCler		upation)	
at the San Antonio Field	Division, FDT, V. f	• • •	•	
and on (Day of week)	•		, 19 <u>52</u> , at _	(Hour, a. m. or p. m.)
I was injured in the performa		76 Federal 3167.		Texas
2. Cause of injury				_
beingaphied on the blad	•			
		•		
3. Nature of injury A cut the			-	
corolinger of my left ha	jer. sur			
4. Names of witnesses to injury	G. Faxton Parrell	. William II. Stope	*	
5. If this notice was not given wi	ithin 48 hours after the i	njury, explain reason	for delay and s	tate name of person to
whom notice was first given,	and when Acting Sur	arvisor SA Fred 3.	Caldrell tale	anhonical <u>ly advise</u> d
shout 8:00 P. ". August !	13, 1952.	····		
This injury was not caused another, nor by my intoxication, entitled by reason of the injury	and I hereby make claim	•	•	
	. N	ame	Acrean	
	. A	ddress 503 Clover		
C. A. 1 Revised August 1, 1945	16—4 5868 -2 , ,	(City or town	n)	(State)

SUPERVISOR'S REPORT OF INJURY

This Supervisor's Report of Injury is for use in the prevention of injuries Departmental regulations will govern its use

Department Justice	Bureau or office Federal Bureau of Investigation
(Post Office, Interior. Veterans Adm., etc.)	(U. S. Engineers, Bureau of Standards, etc.)
Place of employment San Antonio	Division, shop, etc. Chief Clerk's Office
(Arsenal, navy yard, etc.) (City) Name of injured employee <u>Herion R. Anderson</u> (Give first name fu	Age 32 Sex Fale
•	time at trade or occupation years months
1. Describe accident or health hazard fully (what injured was doing, wh	at happened, etc.) DO NOT USE
The accident which happened was as describe	d by Mr. Anderson on
the other side of this memo.	

2. What unsafe conditions caused accident or industrial (occupationa guard rail on scaffold, highly waxed floor, unguarded punch press, continuous caused accident or industrial (occupationa guard rail on scaffold, highly waxed floor, unguarded punch press, continuous caused accident or industrial (occupationa guard rail on scaffold, highly waxed floor, unguarded punch press, continuous caused accident or industrial (occupationa guard rail on scaffold, highly waxed floor, unguarded punch press, continuous caused accident or industrial (occupationa guard rail on scaffold, highly waxed floor, unguarded punch press, continuous caused accident or industrial (occupationa guard rail on scaffold, highly waxed floor, unguarded punch press, continuous caused accident or industrial (occupationa guard rail on scaffold, highly waxed floor, unguarded punch press, continuous caused accident or industrial (occupationa guard rail on scaffold, highly waxed floor, unguarded punch press, continuous caused accident or industrial (occupationa guard rail on scaffold, highly waxed floor, unguarded punch press, continuous caused accident or industrial (occupationa guard rail on scaffold).	d) disease? (For example: Defective brakes, no oncentration of benzol fumes, etc.)
I'r, Anderson's method of trying to open the	bottle was entirely
unsafe as he did not have proper tools.	······
3. What was done wrong (unsafely) that caused accident or industria to wear provided goggles, using box or chair instead of ladder, using	l (occupational) disease? (For example: Failure mushroomed chisel, jumping off moving car, etc.)
Ir. Anderson was wrong in trying to capn a	bottle with other than
a regular botile opener and particularly wi	th a sharp instrument
such as scissors.	
4. What has been done to prevent similar occurrences?	
Employees have been cauciored relative to c	arelesmess.
initipoly coop-1100x5	,

5. What is recommended to prevent similar occurrences? No change should be made other than employed in their every day work.	es should use good common sense
a JAMEO A. a Business	4 7 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Signed by Coltant Title Sy	Charge Date 9/3/52
Reviewed by Title	Date
Comments of Reviewing Official (with particular reference to answers	to questions 4 and 5).
	, ,
Extent of disability: (check one) First aid Disabling Nature of injury cut 2 long Part of body affections.	injury X Death
ų. s. government printing office 18—45868-1	•

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE

Federal Employees' Compensation Act of September 7, 1916, as amended

Su Bi	This notice should be submitted to the immediate superior by an injured civil employee of the Federal Government, or by someone has behalf, within 48 hours after the injury. Notice may be given either personally or by mail. It should be retained by the official sperior unless the injury causes disability for work beyond the day or shift when injury occurred, or results in any charge against the ureau for medical expense, when it should be forwarded to the Federal Security Agency, Bureau of Employees' Compensation, together ith the official superior's report of injury, Form C. A. 2. Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Bureau.
=	To the state of th
	Date of this notice, 19
1.	I hereby certify that I am employed as a Clerk
	(Occupation) (Occupation)
	at the San Antonio Field Division, FBI, U. S. Department of Justice (Place of employment)
	and on <u>Vednesday</u> , <u>August 13th</u> , 1952, at 7150 P. m. (Day of week) (Date) (Hour, a. m. or p. m.)
	(Day of week) (Date) (Hour, a. m. or p. m.) I was injured in the performance of my duties at 478 Federal Bldg. San Antonio. Texas (Location where injury occurred)
2.	Cause of injury During my Inneh period I was attempting to open a bottle of Prosi-Cola with (Describe as best you can how and why injury occurred) a scissors. The handle of the scissors had been placed over the cap and pressure was
	beingapplied on the blade when the bottle broke at the neck, cutting the forefinger of
	we last hand
	my left hand.
	Nature of injury A cut two and one-quarter inches long by three-eighths inches deep on the (Name part of body affected—fractured left leg, bruised right thumb, etc.)
	forefinger of my_left hand, necessitating nine stitches to close
4.	Names of witnesses to injury C. Maxton Farrell, Villian R. Snope.
	•
5.	If this notice was not given within 48 hours after the injury, explain reason for delay and state name of person to
	whom notice was first given, and when Acting Supervisor SA Fred B. Caldwell telephonically advised
	about 8:00 P.M. August 13, 1952.
	This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of nother, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be ntitled by reason of the injury sustained by me.
	Name
	Morton R. Anderson Address <u>603 Clower St. Ean Antonio, Texas</u>
	(Street and number)
_	C. A. I

Best Copy Available

SUPERVISOR'S REPORT OF INJURY

This Supervisor's Report of Injury is for use in the prevention of injuries

Departmental regulations will govern its use

Department Justice (Post Office, Interior. Veterans Adm., etc.)	Bureau or office Poderal Sureau of Investigation (U. S. Engineers, Bureau of Standards, etc.)
Place of employment San mionio	
(Arsenal, navy yard, etc.) (City)	(State)
Name of injured employee <u>Corton A. Anderson</u> (Give first name	Age 32 Sex Nale
·····	of time at trade or occupation years _5 months
1. Describe accident or health hazard fully (what injured was doing,	what happened, etc.) BO NOT USE
The accident which have ened was as describ	
- the other side at this com-	
2. What unsafe conditions caused accident or industrial (occupation guard rail on scaffold, highly waxed floor, unguarded punch press	s, concentration of benzol fumes, etc.)
- Ur. Anderson's method of brying to open the unsafe as had to have more recols.	
3. What was done wrong (unsafely) that caused accident or industry to wear provided goggles, using box or chair instead of ladder, using	rial (occupational) disease? (For example: Failure ag mushroomed chisel, jumping off moving car, etc.)
	ith a since instrument
4. What has been done to prevent similar occurrences?	
	-carcliamess-
5. What is recommended to prevent similar occurrences?	
	om se c'arth' ben may coman sance
in-their-every-distriction	
A set and a set and a set a se	
Signed by FAM Title	Sac 2 A 2 t Date 2/3/52
Reviewed by Title	
Comments of Reviewing Official (with particular reference to answer	i i
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	······
Extent of disability: (check one) First aid Disablin	ng injury Death
Nature of injury _cut. 2 ii 10n Part of body as	
U. S. GOVERNMENT PRINTING OFFICE 16-45868-1	

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE

Federal Employees' Compensation Act of September 7, 1916, as amended

This notice should be submitted to the immediate superior by an injured civil employee of the Federal Government, or by someone on his behalf, within 48 hours after the injury. Notice may be given either personally or by mail. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift when injury occurred, or results in any charge against the Bureau for medical expense, when it should be forwarded to the Federal Security Agency, Bureau of Employees' Compensation, together with the official superior's report of injury, Form C. A. 2. Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Bureau. mitted to the Bureau. Date of this notice 1. I hereby certify that I am employed as a _____ (Occupation) at the San Antonio Field Division, FBI, U. S. Department of Justice (Place of employment) I was injured in the performance of my duties at 478 Federal Bldg. San Antonio. Texas (Location where injury occurred) 2. Cause of injury During my lunch period I was attempting to open a bottle of Pensi-Bola with (Describe as best you can how and why injury occurred) The handle of the scissors had been placed over the cap and pressure was beingapplied on the blade when the bottle broke at the neck, cutting the forefinger of my left hand. 3. Nature of injury A cut two and one-quarter inches long by three-eighths inches deep on the (Name part of body affected-fractured left leg, bruised right thumb, etc.) forefinger of my left hand, necessitating nine stitches to close 4. Names of witnesses to injury C. Maxton Farrell, William R. Swope. 5. If this notice was not given within 48 hours after the injury, explain reason for delay and state name of person to whom notice was first given, and when Acting Supervisor SA Fred B. Caldwell telephonically advised about 8:00 P.M. August 13, 1952. This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me. Name _ Merton R. Anderson Address 803 Clower St. San Antonio, Texas (Street and number)

16-45868-2

(City or town)

(State)

C. A. 1 Revised August 1, 1945

Best Copy Available

SUPERVISOR'S REPORT OF INJURY

This Supervisor's Report of Injury is for use in the prevention of injuries Departmental regulations will govern its use

Department Justice Bureau or office cieral cureau of ravo (Post Office, Interior, Veterans Adm., etc.) (U. S. Engineers, Bureau of Stand	
Place of employment 500 months and Division, shop, etc. 2006 310	
(Arsenal, navy yard, etc.) (City) (State) Name of injured employee Age 32 Sex	ale
(Give first name fully)	
1. Describe accident or health hazard fully (what injured was doing, what happened, etc.)	
	DO NOT USE
2. What unsafe conditions caused accident or industrial (occupational) disease? (For example: Defective brakes, no	
guard rail on scaffold, highly waxed floor, unguarded punch press, concentration of benzol fumes, etc.)	
3. What was done wrong (unsafely) that caused accident or industrial (occupational) disease? (For example: Failure to wear provided goggles, using box or chair instead of ladder, using mushroomed chisel, jumping off moving car, etc.)	
tr. Anderson was wrong in trying to seem a betide of the other than	
4. What has been done to prevent similar occurrences?	
5. What is recommended to prevent similar occurrences?	
Signed by K. H. Date 7/1/2	
1771 - 795	
Reviewed by Date Comments of Reviewing Official (with particular reference to answers to questions 4 and 5):	
Confidence of Nevicwing Official (with particular reference to answers to questions 4 and 5):	
Extent of disability: (check one) First aid Disabling injury Death	
Nature of injury - Cut 2 1011 Part of body affected	

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to United States Employees' Compensation Commission, 285 Madison Avenue, New York, N. Y., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by C. A. 1.]

	1.	Department Justice 2. Bureau or office San Antonio Division, FEI
Place of employment	3.	Place of employment 4/8 Federal Bldg. San Antonio, Texas (State)
		Reporting office 4/8 Federal Bidg., San Antonio, 1exas.
	5.	Name of superintendent or foreman in charge when injury occurred F. H. MC INTIRE
4	6.	Name of injured employee MERTON R. ANDERSON 7. Age 32 8. Sex Male 9. Race White Home address 803 Clower (Give first name in full) San Antonio Texas
		Occupation and division Give but as laborar bull division; believe machine show etc.) 12. Was employee doing his regular
•	10	work? Yes If not, what work? Total length of service with the Government as a civilian? 1 yr. six months
The injured		How long at present work in this establishment? 1 yr. five months
employee		Dates of other injuries
•		Rate of pay on date of injury, \$.3410 per and subsistence valued at \$.None per and quarters valued at \$.None per
	17	
	19.	Employee begins work at 4:30 p. m. 18. Regular day's work ends 12:30 A. m. (Hour, a. m. or p. m.) Hours worked per day 20. Days paid per week 5
u 		
	21.	Place where injury occurred 478 Federal Bldg. San Antonio, Texas. (Give exact location, as name or number of building and division, etc.) Aug. 13 (Give exact location, as name or number of building and division, etc.) 7:50 p. m.
		$(a_{\bullet} m_{\bullet} \Delta \epsilon n, m_{\bullet})$
		Date employee stopped work Aug. 13, 1952; day of week Wed.; hour of day 7:50 p. m.
	24.	Date employee's pay stopped, 19; day of week; hour of day m (a.m. or p. m.)
	25.	Has employee returned to work? Yes, August U., 1952, 4:30 p.m.
		Will employee receive pay for any portion of above absence on account of: (a) Annual leave
		(b) Sick leave 8:00 p.m. 8/13/52 to 12:30 a.m., August 14, 1952 (Give exact dates)
		(-) A
		Describe in full how injury occurred Employee was attempting to remove the cap from a bottle of Pepsi-Cola with the handle of a scissors. The handle had been placed on the cap and pressure was being applied to the scissor blade when the bottle broke below the neck.
		State part of body injured and nature and extent of injury Laceration on index fin er of left hand 22 inches long and 3/8 inches deep, which severed numberous
The injury		laries but did not sever the leader. No If so, describe exactly However, employee's finger at present has not straightened out, although completely
þ	eal	led from outward appearances. Employee states finger is extremely sensitive was employee injured while in performance of duty. Yes. If not, or in doubt, give detailed statement around s
		Mr. ANDERSON was on official duty at the office but or injured part
		was having his lunch during his rest period.
	31.	Was injury caused by: (a) Willful misconduct of the employee?No (b) Intention of employee to bring about injury or death
<u>.</u>		of himself or another? No (c) Employee's intoxication? No (If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
	32.	reason for his conclusion) Was written notice of injury given within 48 hours? NO
		₩
	33.	knowledge of injury? (Answer to question 5, Form C. A. 1. must be complete if notice was not given within 48 hours) Names and addresses of witnesses to injury NILLLIAM R. SWOPE, 151 El Monte,
		San Antonio, Texas.
		C. MAXTON FARRELL,
,	84.	(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form) Was injury caused by a third party other than a Government employee or agency?
		employee been instructed in procedure under Commission's regulations?(A detailed statement should be forwarded with this report)
<u>``</u>		
		Name and address of physician who first attended case Dr. Hoelscher
Medical	36.	How soon after injury? About 20 minutes Emergency room, 1 Magnitude S. n. A tonio
attendance		To what hospital sent? Baptist Memorial HospitalLocation San Antonio, Texas
	38.	Name and address of physician now attending caseNone
Signed this	s1	Oth day of October, ,1952
at		San Antonio, Texas. Special Agent in Charge
C. A.	. 9	(Tüle)

Revised March 1, 1942

b6 b7C

STATEMENT OF WITNESSES

knows about it and when and by whom the information was given him.]	_
I was in the steno pool immediately adjacent to the Chief Clerk's Office when I	
heard a popping noise which I thought was the cap being removed from the bottle	
I turned and saw the injured running toward the sink and noticed a trail of blo	ođ.
in his wake. While FARRELL, the other Security Clerk secured the First Aid Kit from the supply roos. I attempted to wash a few small bits of glass from the in	,
forefinger and then inched the wound shut with a two inch bandage compress and	Jurea
him laged care. See injured began to fee' faint I administrated an ammonia	,
ampoule with water. In the meantime FARGLL was attempting to locate a	٠ ٦
physician as I was of the opinion that the wound required stitches.	
	,
	- 1
	,
Signed this 10 day of October, 19 52	
William R. Suroho	
(Signature of witness)	, •
I was sitting at the desk at which the accident occurred at the time of the	
injury. The injured was attempting to open a bottle of Pepsi Cola by applying	
pressure to the cap of the bottle with the broad eye of the scissors' handle.	
When the bottle broke, I didn't know that ANDERSON'S finger had been cut but	
thought only that he had gone to the wash basin to wash the Pepsi Cola off his hands. I didn't know that the injury had occurred until I walked around the	
desk and observed a trail of blood on the floor leading to the wash basin.	
After noting that the injury was quite severe I ran to the adjoining supply room	***
and got the first aid kit for R.C.O. SWOPE who had just entered the room. SWOP	E. m
washed and bandaged the wound while I tried to contact a doctor to place	ы
stitches in the laceration.	
·	•
•	
,	•
Signed this 10 day of October, 19-52 / Maylon Parrell	,
(Signature of witness)	
STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST	
EXAMINED CASE	
EAAMINED CASE	
I CERTIFY that was given first-aid treatment, or examined, (Name of employee)	
(Name of employee) n, 19, at m., and disabled for work. Probable length of	
isability will be due to injury due to injury (Was or was not)	
(Was or was not)	
	•
ature of injury as found on examination	
Cospitalized Will return for further treatment	
ischargedOther disposition	
emarks	
Signed this day of, 19	
at(Signature of medical officer)	
•	
(Title)	

SUBJECT:

fice Memorandum • United States Government

: SAC, San Antonio(Your file

DATE:

September 11, 1952

FROM Director, FBI

MERTON R. ANDERSON

Clerk

7 1 1 (A D C C C C C	A RTY	TATEMENT TO THE PROPERTY AND THE
P B B C C C D B L C	B 1017	CONTIDEMITAL
T 71100 CT84473	4441	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

()	Reduiet
()	Reurlet
()	Submit reply promptly.

- () Schedule necessary physical examination and surep promptly.
- () Advise Bureau re physical condition.
- () Advise Bureau of present weight without clothing.
- (X) The Bureau is in receipt of Compensation Forms C. A. 1; however, it is requested that form C. A. 2 also be executed and forwarded to the Bureau as soon as possible.

440 OCT 16 1952



Office Memorandum • United States Government

4						
ro :	SAC, San Antonio(Your file)	DATE:	October	3,	1952
FROM :	Director, FBI					
SUBJECT:	MERTON R. ANDERSON Clerk					
	•					
	(X) Re attached form. () Rebulet					
	() Reurlet			•		
	() Submit reply promptly.		•	•		
	() Schedule necessary physical examinat promptly.	ion and	surep			
	() Advise Bureau re physical condition.	,		3		•
	() Advise Bureau of present weight with	out clot	hing.			
	(X) Submit Compensation Form C. A. 2 wit	hout fur	ther o	<u>le</u> lay.		
		·····	·			

Attachment

- 50 T 16 1957 SINGPLED INDEX OF THE L. SAN AND THE REST. SAN A

U. S. DEP RIMENT OF LABOR Bureau of Employees' Compensation Washington 25, D. C.

811451-15.

November 13, 1952

IN REPLY REFER TO FILE NO. X-774254 Address Only: Bureau of Employees' Compensation Washington 25, D. C.

The Director U. S. Department of Justice Federal Bureau of Investigation Washington 25, D. C.

Dear Sir:

Reference is made to the case of Merton R. Anderson who was allegedly injured while employed as on August 13, 1952 a security clerk by your establishment.

It is noted in the records that this employee was examined on August 13, 1952 Dr. Hoelscher . For the further consideration of this case, it is requested that you kindly have the claimont secure and submit a detailed medical report from Dr. Hoelscher on the enclosed Form CA-20.

Very truly yours,

JS:rkh

BUREAU OF EMPLOYEES' COMPENSATION

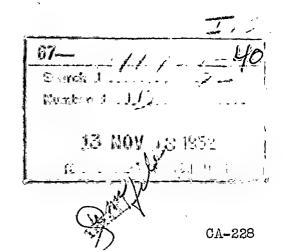
ENCLOSURE Form CA-20 RECORDED.

!IENCI. of sent to Eng.

11ENCI. of sent to Empletion

12.2-52

17DEC 1719



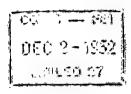
:	SAC	jan Antonio	(Your file)	December	17,	1952
:	Dir	ector, FBI		,			
_	lerto Clerk	on R. Anderso	on	CONFIDENTIAL	·		
	()	Rebulet 1	2-2-52	*			
	()	Reurlet					
	()	Submit repl	y promptly.				
	()	Schedule ne promptly.	cessary physic	cal examination ar	nd surep		
	()	Advise Bure	au re physical	l condition.			
	()	Advise Bure	au of present	weight without cl	Lothing.		
	(X) :	Submit Burea	n of Employees	s' Compensation fo	orm CA-20.		

Tolson
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WBH/mc

: SAC,	(Your file)	December	2,	1952
San Ant	onio BI	nm.cos	IAL AND CON	TATE		ř
Merton R. An	derson	1 11/100	IAD RIED COL	The State of the S		
() Rebule	t <u></u>					
() Reurle	t	•				
() Submit	reply promptly.					
() Schedu prompt	le necessary physical ly.	examinat	ion and su	re p		
() Advise	Bureau re physical c	ondition.				
() Advise	Bureau of present we	ight with	out clothi	ng.		
(X) Please h	ave the attached for	m complet	ed by the			
above's	physician and return	to the D	urenu as	and the second second		
soon as	possible.					



WBH/mc

Tracy
Lauphlin
Mohr
Tele. Nm.
Holloman
Gandy

Michols Belmont Clegg

December 31, 1952

Dureau of Employees' Compensation United States Department of Labor Federal Security Building Fourth and Independence Avenue, Southwest Dashington 25, D. C.

Your reference number %-774254

Gentlenen:

There is enclosed Imployees' Compensation form C. A. 20, executed in connection with an injury sustained by Merton R. Anderson of this Euroau.

Very truly yours,

John Edgar Hoover Director

Inclosure

Jing/ric Jing

and

Startlard Form 88 (Rev. Aug. 1950) PROMULGATED BY BUREAU OF THE BUDGET CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

\ .																					
LAST NA	ME-F	IRST NAME—M	IDDLE N	AME							149	HIFM	lo do y is	bjisht	例的	ylgh/	////	11.11	tylefc/r	top hig.	1///
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		S (Number, str			or town	, zone a	nd State	s)			5. P	URPOSE	OF EXA	MINATIO	N			6. DA	E OF E	KAMIHATI	ION
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U. S. GOVERNMENT PRINTING OFFICE 16-62285-1

ATTACHMENT TO STANDARD FORM 88 (Revised July 21, 1952)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:
2 67 3 68 11 69 14 71 (unless other , examination indi- 62 cates desirable) 65 72
Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.
If the examinee is an applicant, the Chest X ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.
FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:
The medical examiner should answer the following question:
Examinee qualified for strenuous physical exertion. (Designate which)
FOR ALL MALE EMPLOYEES OR APPLICANTS:
The medical examiner is requested to answer the following:
Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
If answer is "yes" please specify.
IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

**NOLOSUR" 6224/45/200

(Signature of Medical Examiner)

Standard Form 88 (Rev. Aug. 1950) PROVE SATED BY BUREAU OF THE BUDGET CIRCULAR A 24

Best Copy Available





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Best Copy Available

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70.	HEA	ARING		71.	· · · · · · · ·		AU	DIOMETEP			72. PS	CHOLO	OGICAL AND P	SYCHO	MOTOR (Texts	used	and score)
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(Use additional sheets of plane paper 4 necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

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75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76. EHY ICAL TROFILE.		
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77. EXAMINEE (Check) SS QUALIFIED FOR SS INCOUS PHYSICAL EXECT	I man	PHYSICAL CATEGOR	Y
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	A =	А В С	Ε.
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82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	LIGNATURE		MBER OF AT-

ATTACHMENT TO STANDARD FORM 88 (Revised July 21, 1952)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

2	67
3	68
11	69
14	71 (unless other
17	examination indi-
62	cates desirable)
65	72

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee _____ qualified for strenuous physical (is or is not) exertion. (Designate which)

FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
KODE
If answer is "yes" please specify.
IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64, and 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL. VIOLUTION OF THE PROPERTY OF TH
(Signature of Medical Examiner)

21 Mar 56 (Date) T)



1. LAST NAME-FIRST NAME-MIDDLE	NAME		2. GRADE AND COM	MPONENT OR POSITION	3. IDENTIFICATION NO.
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4. HOME ADDRESS (Number, street or 1	RFD, city or town, zone and .	State)	5. PURPOSE OF EX		6. DATE OF EXAMINATION
21 Corte Anna. M	illbrae. Cal	if.	Annual	Physical	20 MAR 57
3 7. SEX 8. RACE	9. TOTAL YRS. GOVT. SERVIC		AGENCY, OR SERVICE	11. ORGANIZATION UNIT	_1
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<u>^</u>			101 OTHER INFORMATION		
. US Army Dispensa	ry, PSFC				
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x 19. NOSE		# 32. Prost	tate Normal.		
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23. DRUMS (Perforati					`•
/1 As	Visual acuity and refraction under items 59, 60, and 61)				
25 OPHTUM MOSCOP					
26 DUDU C / Flowslite					
3 25 1	Y (Associated parallel move- ments, nystagmus)				
29 LUNGS AND CHES					
6,-4					•
29. HEART (Thrust, s					
30. VASCULAR SYSTE			•		
* -D	SCERA (Include hernia)	*			
J 32. ANUS AND RECTU	M (Hemorrhoids, fistulae) (Prostate if indicated)			•	
33. ENDOCRINE SYSTI	EM				
34. G-U SYSTEM					
35. UPPER EXTREMIT	IES (Strength, range of motion)				
36. FEET					
37. LOWER EXTREMIT	TIES (Except feet) (Strength.range of motion)				
38. SPINE, OTHER ML			•		•
	Y MARKS, SCARS, TATTOOS				
40. SKIN, LYMPHATIC	s				
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 	ecify any personality deviation)	14	(Ø		
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SITTING	SYS. 118 DIAS. 68	RECUM- BENT	SÝS. DIAS		STANDING (3 min.)	SYS.	:PR	SITT	β ρ Ωμ		TER EXER	CISE 2	MIN. AF 64	TER I	RECUMBENT	AFTER 3 MIN.	STANDING
59.	DISTANT	VISION			60.		RE	FRACTIC	N			61.		N	EAR VISION		
RIGHT 20/	20 cc	ORR. TO 20,	/		BY		S.		cx			J-1		CORR. TO		вү	
LEFT 20/	<i>&</i> V	ORR. TO 20,	7		BY		S.		cx			J-1	-	CORR. TO		BY	
62. HETER (Specif	ROPHORIA: (y distance) ES°	Nor	ex°	at 2	R. H. O feet		L. H.		PRISM	DIV.		PRISM (CONV.		PC	PD.	
63. ACCO	MMODATION			64. COLOR	VISION (Te	st used ar	nd resul	t)	65. DEPT	H PERC	CEPTION nd score)	UNCORF	RECTED				
RIGHT 📉	ormal Wil	lorma.	L	Ishi	hara-l	Vorma	1		(rest	useu u	na score)	CORREC	TED				
66. FIELD	OF VISION			67. NIGHT	VISION (Tes	t used an	id score)		68. RED	LENS	•				ocular te		
70.	HEARING	71			AL	JDIOMETE	ER			***************************************	72. PSYC	HOLOGIC	AL AND	SYCHOMO	TOR (Tests	used and sco	re)
RIGHT WV	7 E /15 SV 7 E	/15		250 50 256 51	0 1000 2 1024	2000 2048	3000 2896	4000 4096	8000 819%								

No significant or interval history since last phy examination 1956.

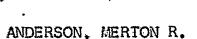
(Use additional sheets of plain paper if necessary)

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)		76.	F	HYSICAL	PROFILE		·
		P	U	Ĺ	н	E	S
		1	1	1	1	1	3.
77. EXAMINEE (Check). Is is qualified for DNIS CAL EXERTION.	Strenucus Exertica		Pi	HYSICAL	CATEGO	RY	
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	รัฐ การ การสาเพล	А		В	С		E
		X					
79. TYPED OR PRINTED NAME OF PHYSICIAN M. J. SEID, M. D.	SIGNATURE		1.		4		
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE	* QZ	R	4			
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE						
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE					NUMBER FACHED S	

^{73.} NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

^{74.} SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)



ATTACHMENT TO STANDARD FORM 88 (Revised July 25, 1956)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The	following	portions	of t	the	attached	examination	report	form	need	not	be
completed	:										
	_				_						

2	67	
3	68	
11	69	
14	71	(Item 71, audiometer examinations,
17		should be afforded whenever possible.)
62		‡
65	72	

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X-ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner, should answer the following question:

677411651-63

FOR ALL MALE EMPLOYEES OR APPLICANTS:						
The medical examiner is requested to answer the following:						
l. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?						
2. Does examinee have any defects prohibiting safe operation of motor vehicles? Yes No						
If answer is "yes" please specify.						
IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING						
TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.						

Examinee ______qualified for strenuous physical exertion. (Designate which)

1emorandum

DIRECTOR, FBI

DATE:

3/16/64

ATTN: PERSONNEL SECTION

SAC, LOS ANGELES

SUBJECT:

MERTON R. VANDERSON

SPECIAL AGENT

CONTACT WITH POSSIBLE

TUBERCULAR PATIENT, 3/3/64

This will advise that on 3/3/64, SA MERTON R. ANDERSON of the Los Angeles Office, while performing his assigned investigative duties, interviewed ARTHUR MICHAEL GASTON, subject of LA file 26-39638, concerning a stolen This interview was conducted at the Prison Ward, Los Angeles County Sheriff's Office (LACSO), Floor 13, Los Angeles County Hospital, Los Angeles, Calif. The interview lasted for approximately 55 minutes, during which time. GASTON wore a surgical-type mask except while smoking several cigarettes.

A review of the records of the Prison Ward of the Los Angeles County Hospital on 3/3/64 by Deputy RICHARD SCOBEL, Badge 383, LACSO, revealed that GASTON had been admitted as a possible tubercular patient on 3/2/64, for test purposes.

SA ANDERSON will have the regular chest x-ray in connection with his annual physical examination on 4/1/64. Another chest x-ray will be obtained within the following six months and the results forwarded to the Bureau.

The above is furnished to the Bureau so it may be made a matter of record in the personnel file of SA ANDERSON.

Bureau

- Los-Angeles

(1 - 26 - 39638)

(1 - Personnel File, SA M.R. ANDERSON)

MRA: jss **(5)**

Met fortone.
3/24/64

MAR 24 1964 (8

88-106

Circular A-32 (Rev.)	· · · · · · · · · · · · · · · · · · ·	KEPOK	I OF MEDICAL	EVAMINA	DIN .	
JANDERSON	name-middle,name I, MERTON I	3° 222.	2 62 33 22	2. GRADE AND COMPO	NENT OR POSITION	3. IDENTIFICATION NO.
	umber, street or RFD, cit	ty or town, zone ar	nd State)	5. PURPOSE OF EXAM	INATION	6. DATE OF EXAMINATION
923 W. I	ucille					, , , , ,
W. Covir	a, Califo	rnia		ANNUAL	PHYSICAL	4./1/64
7. SEX 8.	RACE	9. TOTAL YEARS	GOVERNMENT SERVICE	10. AGENCY	11. ORGANIZATION UNI	
Male	Cauc	MILITARY 3출	CIVILIAN 13	FBI		***
12. DATE OF BIRTH	13. PLACE OF BIRTH	1			IP, AND ADDRESS OF NE	
7/21/20	Wiscons:	in Dells,	Wisconsin	Wife -	Lois Ander	
•, ,					Same as #4	ļ
15. EXAMINING FACILIT	Y OR EXAMINER, AND AD	DRESS		16. OTHER INFORMATI	ON	
U S PUBI	IC HEALTH	. San Pe	edro, Calif.	1 '	***	
17. RATING OR SPECIAL				TIME IN THIS CAPACITY	(Total)	LAST SIX MONTHS
						1
CLIN	ICAL EVALUATION		NOTES. (Describe every	abnormality in det	ail. Enter pertinent	item number before each
	item in appropriate "NE" if not evalua	e col- ABNOR-	comment. Co	ntinue in item 73 aı	nd use additional she	item number before each ets if necessary.)
7	NECK. AND SCALP	ted.) MAL				
19. NOSE	NZON. PIND DONAL					
20. SINUSES						
21. MOUTH ANI	TUPOAT					
	ERAL (Int. & ext. canals) (acuity under items 70	Auditory	•			
23. DRUMS (Pe) and 71)				
	ERAL (Visual acuity and re under items 59, 60 ar	efraction	•		Í	
		ıd 67)				
25. OPHTHALMO						
	uality and reaction)	el move-				
	TILITY (Associated parall ments, nystagmus)					
- 	CHEST (Include breasts)					
	rust, size, rhythm, sound					
	SYSTEM (Varicosities, etc					
	ND VISCERA (Include he				<*	
	RECTUM (Hemorrhoids, fist (Prostate, if indic	ated)			•	
33. ENDOCRINE						
34. G-U SYSTE		26	,			
	REMITIES (Strength, range motion)	0)				
36. FEET	(F) 15 A					
	REMITIES (Except feet) (Strength, range of	f motion)	upper and lower teeth, respectiv	. 10	67 / 1/1	194
	ER MUSCULOSKELETAL			DEC-Jusa	01-1/1	7. 74
39. IDENTIFYIN	G BODY MARKS, SCARS, T.	ATTOOS		Ura	Court Stud	See See See
40. SKIN, LYMF	HATICS			معيرات	21 //2	PRESC ILLE
41. NEUROLOGI	C (Equilibrium tests under	item 72)		January 18	~ - ru	(u con read
	C (Specify any personality d				. (
43. PELVIC (Fe	males only) (Check how	done)	A STATE OF THE STA		ζ,	
	QVAGINAL [RECTAL		(Continu	e in item 73)	
	ropriate symbols above or	r below number of	upper and lower teeth, respectiv	ely.)	REMARKS AND DEFECTS AND	DADDITIONAL DENTAL DISEASES
O—Restorable teeth [—Nonrestorable tee	th	X—Missing XXX—Replaced		X8)—Fixed bridge, brack include abutmer		ising space closet
		×)	•		Χı	•
	* (** ₅	7 8	9 10 11 12		16 E	•
₽	30 29 28 27	26 25	24 23 22 21		17 F	
* X X X	<u> </u>	l	1.	× × ×) >	× ^T	
			LABORATORY FINDI	NGS		
45. URINALYSIS: A. SP		.017		46. CHEST X-RAY (P	lace, date, film number a	nd result) USPHS SAN PEDRO
B. ALBUMIN Nes	Ţ	D. MICROSCOPIC	Q_I WBC	4-1-64 #76	Ly - Normal	
c. sugar Neg		D. MICROSCOPIC 1-2 RBC. threads	Few mucous		•	
47. SEROLOGY (Specify		48. EKG	49. BLOOD TYPE AND RH	50. OTHER TESTS W	BC 8600. Hem	oglobin 15.1 gm.
Non-react:	ive	NSA	Not required			
						

. ,	r'ne													·····				' /k'
51. ŘĚIGH	, 2005 ,	52. WEIGH	T 4 53 C	OLOR HAI		<u> </u>	MENTS OR EYES		THER 5. BUILD	FINDIN	GS LENDER	ME	Duller :	HEAVY /	OBES	F 156 -	TEMPERA	riioc
	5-8	16	0 /0	برديدي		1	221		(Check		CENDER	, me	GSYO.				9	S .
57.	,BL	OD, PRESSU	RE (Arm at height)	evel);			7:58:10						4rm at he					
A. SITTING	SYS.	O B. RECUM BENT		C. STANDI (3 min	ING DIA		A. SI	68	*; 		EXE ^K ĆISI	E C, 21	min.Țaeti 6 <i>8</i> 7	R CI D. R	ECUMBE	NT E. A	FTER STA	NDING
59.	DI	STANT VISION		60.			REFRACT	TION				61.	- V	1	EAR VIS	SION-		
RIGHT 20/	15	CORR, T	O 20/	BY		s.			' O	x ,		Ra	11	CORR. TO			BY	
LEFT 20/	5	CORR. 7	O 20/	BY		s.			0)	<		12-	Ji	CORR. TO		***	BY	
62. HETER	OPHORIA (S	pecify distan	ce)						٠,									
ES°	,	EX°	R. F	ł.	L	н.		PRISM I	olv.			M CONV. CT	. ,		PC		, PD	
63.	ACC	MMODATION	. 6	64. COL	OR VISIO	ON (Test	used an	d result)		·	65. D	EPTH PE	RCEPTIO	ν ,	UNCO	RRECTED)	
RIGHT	N	LEFT	N	1 12	P. I. Plates - OK								d and sco	re)	CORR	ECTED		
66. FIELD	OF VISION	N		67. NIG	HT VISIO	N (Test	used and	i score)		•	68. R	ED LENS	TEST		69. IN	TRAOCUL	AR TENS	ON
70.	HE	ARING		71,			,	UDIOME	TER		!		72. PSY	CHOLOGICA	L AND P	SYCHOM	OTOR	
RIGHT WV	15	/15 SV	20 /15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	(1)	ests used an	a score	,		
LEFT WV	15	/15 SV	20/15	RIGHT									1				*	
73. NOTES	(Continued) AND SIGNII	FICANT OR INTERV		RY	I	J	I	1	J		l <u></u>	Ц					
74. SUMM	ARY OF DEF	ECTS AND DI	AGNOSES (<i>List did</i>	ignoses w	vith item	<u>`</u>		ral sheet:	s if neces	гату)	`				····			
77. EXAM	NEE (Chéck) 1 ;	R SPECIALIST EXAM	MINATIONS	5 INDICAT	TED (Spe	ecify)						76.	A. U 数分类	PHYSIC/ L	AL PROFI	LE E	S
	UALIFIED FO	OR JALIFIED FOR	!										:	В. Р	HYSICAL	. CATEGO	RY	

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P U L H E S

77. EXAMINEE (Chéck)

A. U IS QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

JOSEPH A. KITTERMAN, MD (R)

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

NUMBER OF ATTACHED SHEETS

NUMBER OF ATTACHED SHEETS

NUMBER OF ATTACHED SHEETS

18. FAMILY HISTORY

HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:

<u>~~</u> `	THIS INFOR	ON IS FOR OFFICIAL	BE RELEASED TO UNAUTI	HORIZED PERSONS					
1. LAST NAME-FIR	ST NAME—MIDDLE NAME			2. GRADE AND COMPON		3. IDENTIFICATION NO.			
ANDERS	SON, MERTON I	₹.		SPECIA	L AGENT	*** 			
4. HOME ADDRESS	(Number, street or RFD, city	or town, zone and State)	5. PURPOSE OF EXAMIN	ATION	6. DATE OF EXAMINATION			
	Lucille	ania '	ANNUAL PHYSICAL 4/1/64						
	rina, Califor	LIILA		MINOUTI I	IIIDIONI	1,7 11,0 1			
7. SEX	8. RACE	9. TOTAL YEARS GOVER	RNMENT SERVICE	10. AGENCY	11. ORGANIZATION UNIT				
Male	Cauc	MILITARY 3½	CIVILIAN 13	FBI	***				
12. DATE OF BIRTH	13. PLACE OF BIRTH			14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN					
7/21/2	Wiscons:	in Dells,	Wisconsin	Wife - Lois Anderson Same as #4					
15. EXAMINING FACI	LITY OR EXAMINER, AND ADD	RESS		16. OTHER INFORMATIO	N .				
	BLIC HEALTH			****					
17. STATEMENT OF E	XAMINEE'S PRESENT HEALTH	IN OWN WORDS. (Follow	by description of past his	tory, if complaint exists)					

Good

											DUK WIFE:					
RELA	TION	AGE	STATE OF HEAD	LTH		IF DEAD, CAUSE OF DEATH			EAT YES	NO	(Check	eac	h it	tem)	RELATION(S)	
FATHER		69	Good							x	HAD TUBER	CULC	osis			
мотне	2	68	Good							3 X	HAD SYPHIL	_IS				
SPOUSE		37	Good							x	HAD DIABET	ES		-		
									X		HAD CANCER	R			Grandfathe	
BROTHE	RS	22	Good								HAD KIDNEY	TR	OUBI	.E		
AND										x	HAD HEART	TRO	UBL	Ē		
SISTE	RS									×	HAD STOMA	сн т	rou	BLE		
										~	HAD RHEUM	ATIS	SM (.	Arthritis)		
HILDRI	EN									-t-	HAD ASTHM HIVES	AA.	HAY	FEVER.		
Sor	\sum	18								<u>x</u>	HAD EPILEPS	SY (.	Fits)			
										x	COMMITTED	SUI	CIDE			
										x	BEEN INSAN	E				
. HAVE	YOU EV	ER HAD OF	R HAVE YOU NOW (F	Place	chec	k at left of each item)									•	
ES NO	•	(Check e	each item) ·	YES	NO	(Check each item)	YES	NO	(Check	each i	tem)	YES	NO	((Check each item)	
X	SCARLE	ET FÉVER.	ERYSIPELAS		\mathbf{x}	GOITER		x	TUMOR, GROW	TH, CYS	CANCER		-x-	"TRICK"	OR LOCKED KNEE	
x	DIPHTH	IERIA			\mathbf{x}	TUBERCULOSIS	7	x	RUPTUŘE				x	FOOT TR	OUBLE	
x	RHEUM	ATIC FEVE	TIC FEVER SOAKING SWEATS (Night sweats)		SOAKING SWEATS (Night sweats)		x	APPENDICITIS	* ×			x	NEURITIS	5		
x	SWOLL	EN OR PAI	NFUL JOINTS		X	ASTHMA ,		x	PILES OR RECT	AL DISE	SE		x	PARALYS	SIS (Inc. infantile)	
X.	MUMPS				\mathbf{x}	SHORTNESS OF BREATH		x	FREQUENT OR	PAINFUL	URINATION		×	EPILEPS	Y OR FITS	
x	WHOOP	ING COUG	iH.		x	PAIN OR PRESSURE IN CHEST		7.	KIDNEY STONE	OR BLOO	D IN URINE		x	CAR, TR	AIN, SEA, OR AIR SICKNE	
X	FREQUE	ENT OR SE	VERE HEADACHE		x	CHRONIC COUGH		X.	SUGAR OR ALB	UMIN IN	URINE		x	FREQUEN	TROUBLE SLEEPING	
X	DIZZINE	SS OR FA	INTING SPELLS		x	PALPITATION OR POUNDING HEART		x	BOILS				x	FREQUENT	OR TERRIFYING NIGHTMAR	
x	EYE TR	OUBLE			x	HIGH OR LOW BLOOD PRESSURE		x	VENEREAL DISE	ASE			x	DEPRESSION OR EXCESSIVE WORR		
X.	EAR. N	SESOR W	ROAT TROUBLE		x	CRAMPS IN YOUR LEGS		x	RECENT GAIN C	R LOSS	OF WEIGHT		×	LOSS OF	MEMORY OR AMNESIA	
ĸ	RUNNIN	IG EARS			X	FREQUENT INDIGESTION		x	ARTHRITIS OR	RHEUMA	TISM	Г	x	BED WET	TTING	
x	CHRON	IC OR FRE	QUENT COLDS		x	STOMACH, LIVER OR INTESTINAL TROUBLE	Г		BONE, JOINT, O	R OTHER	DEFORMITY		x	NERVOU:	S TROUBLE OF ANY SOR	
x	SEVERE	тоотн с	R GUM TROUBLE		x	GALL BLADDER TROUBLE OR GALL STONES		x	LAMENESS				k	ANY DRU	JG OR NARCOTIC HABIT	
x	SINUSIT	rıs			\mathbf{x}	JAUNDICE		x	LOSS OF ARM, L	EG, FING	ER, OR TOE	Γ	x	EXCESSI	VE DRINKING HABIT	
X	HAY FE	VER			x	ANY REACTION TO SERUM, DRUG OR MEDICINE		X	PAINFUL OR "TRIC	K"SHOUL	DER OR ELBOW		X	HOMOSE	XUAL TENDENCIES	
. HAVE	YOU EV	ER (Che	ck each item)				22,	FEI	AALES ONLY: A. H	AVE YOU	J EVER—	В.	сом	PLETE THE	E FOLLOWING:	
X.	WORN	GLASSES			\mathbf{x}	ATTEMPTED SUICIDE		Γ	BEEN PREGNAN	т				AGE AT	ONSET OF MENSTRUATION	
x	WORN	AN ARTIF	ICIAL EYE		x	BEEN A SLEEP WALKER		Γ	HAD A VAGINA	L DISCHA	RGE			INTERVA	L BETWEEN PERIODS	
x	WORN	HEARING	AIDS		x	LIVED WITH ANYONE WHO HAD TUBERCULOSIS		Γ	BEEN TREATED FO	R A FEMA	LE DISORDER			DURATIO	ON OF PERIODS	
x	STUTTE	RED OR	STAMMERED		x	COUGHED UP BLOOD			HAD PAINFUL N	MENSTRU	ATION			DATE OF	LAST PERIOD	
x	WORN	A BRACE	OR BACK SUPPORT		25	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			HAD IRREGULA	R MENST	RUATION	QU	ANTI	TY: No	RMAL EXCESSIVE SC	
. HOW PAST	MANY JO	BS HAVE	YOU HAD IN THE	24.	WH.	AT IS THE LONGEST PERIOD YOU	1		IAT IS YOUR USU.				26.		(Check one)	
	THREE Y	Ohe		1	МО	on the second of	S	ре	cial Age	nt,	FBI			RIGHT 1	HANDED LEFT HANDED	

	NO	CHECK EACH ITEM YES OR NO. EV	EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
- 1		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	V ^ 2 ,
	x	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
-	x	B. INABILITY TO PERFORM CERTAIN MOTIONS	1
٠.		C. INABILITY TO ASSUME CERTAIN POSITIONS	-
	X	D. OTHER MEDICAL REASONS (If yes, give reasons)	· ·
	x	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	
Ξ.	x	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, givé details)	<u>.</u>
:	x	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	: :
-	x	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	1 1. 1 .
	-45	. 32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS? (If yes, describe and give	Tonsilectomy, in Jan. 1943
· -		age at which occurred) 33. HAVE YOU EVER BEEN A PATIENT (committed or	:
5. 3	x	voluntary) IN A MENTAL HOSPITAL OR SANATOR- IUM1 (If yes, specify when; where, why, and name of doctor, and complete address of hospital or clinic)	
	x	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
x -	<u> </u>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic,	Dr. Harold Gwens, M.D. 2010 Wilshire Blvd., Los Angeles, Calif. for ear fungus
		and details) 36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	X	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY	, =-
	x	SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS! (If yes, give date and reason for rejection)	
	X	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	-
	x	39. HAVE YOU EVER RECEIVED. IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	3
PROC	THORIZE ESSING R PRINT	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE. TED NAME OF EXAMINEE APAGERSON	PLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PUR SIGNATURE MINUSCONDANCE OF THE PROPERTY OF MY MEDICAL RECORD FOR PUR OF THE PROPERTY OF THE PROPERTY OF MY MEDICAL RECORD FOR PUR OF THE PROPERTY OF THE PR
DHV			Thysician shall comment on all positive answers in items 20 that 39)
	, .	Occasional which is	vertigo treated with Mace
e s abs res	٠.	eriter and the contribution of the first con	A a
1.	, اد د	A Promise of the second	has a series of a series of the series of th
r C		Poer not	boear glasses mon
		Poes not	brear glasses mont
		Poes not	brear glasses wou
		Poes not	bolar glasses mont
(RED O		TED NAME OF PHYSICIAN OR EXCEPT MD (R)	hoear glasses mont



Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Curminas	ANDERSON,	MERTON	R.						
Name of Examinee(Type or print)	Last	First	Middle						
The following portions of the attac	ched examination report	form need not be comp	leted:						
2	14	68							
3	17	69							
4	62	72							
9	65	76							
11	67		R						
46. Is necessary unless facilities	s for affording same are	e not readily available.							
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.									
49. Is necessary unless facilities for affording same are not readily available.									
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).									
For All Examinees, Whether Clerical or Special Agent Applicants or Employees:									
The medical examiner should answer the	following question:								
Examinee Dis Dis n	ot qualified for strenuc	ous physical exertion.							
To be Answered in the Case of A	II Male Employees and	Male Applicants:							
Does examinee have any defectactics and dangerous assignment									
No Yes If "yes"	please specify defects	5	 						
2. Does examinee have any defea		nation of makes sold-le	-2						
2. Does examinee have any defeat	cts prombiting sale ope	station of motor venicie	S.f.						
No Yes If "yes"	please specify defects	S•							
3. For safe driving of motor vehi test at least 20:/40 in one eye examinee wear corrective glass If recommendation is based or	and ,20/100 in the othe ses while operating a :	er, corrected or uncorrection motor vehicle? Yes	cted. Should No						
		1 11							

MARA

RECTO - AUMIN. UIV.
FB T

Desirable Weight Ranges for Males

-	<i>D</i> 0.0.1. d. 1.0. g.	1PD 21	
Height	Small Frame	Medium Frame? PM	fu Large Frame
5′ 4″	117 - 125	123 - 135	131 - 148
5′ 5 [#] ~.	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5′ 7″	128 - 137	134 - 148	143 - 162
5′8″	132 - 141	138 - 152	147 - 166
5′ 9″	136 - 146	· 142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5′ 11″	144 - 154	150 - 166	160 - 180
6 ′	148 - 158	15.4 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"'	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

	Endminded b Frame 15	large
5.	5. Considering above weight table, the examinee's frame, and of I consider his present weight Satisfactory	ner individual physical characteristics, essive Deficient
6.	6. Under proper medical supervision, examinee should los	epounds
	□ gai	npounds
Re	Remarks:	
	(Signature of	Medical Examiner)

(Date)

Bureau of the Budges Circular A-32 (Rev.)	EXAMINATION	88-106		
. 1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.		
ANDERSON; MERTON R. 14 10 17 17 18 15004	SPECIAL AGENT	****		
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION		
1340 W. 6th St., Los Angeles, Calif.	ANNUAL PHYSICAL	4/5/65		
	MINIONE THESTOAL			
7. SEX 8. RACE 9. TOTAL YEARS GOVERNMENT SERVICE	10. AGENCY 11. ORGANIZATION UNIT			
	- '			
Male Cauc MILITARY 3	14. NAME. RELATIONSHIP, AND ADDRESS OF NEX	T OF KIN		
· · · · · · · · · · · · · · · · · · ·				
7/21/20 Wisconsin Dells, Wisconsin	Wife - Lois Ander	son, same addres		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION			
U.S. PUBLIC HEALTH, San Pedro, Calif. 17. RATING OR SPECIALTY	*** TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS		
17. RATING OR SPECIALIT	1 TIME IN THIS CAPACITY (2000)	1		
Cammant Ca	abnormality in detail. Enter pertinent a entinue in item 73 and use additional shee	item number before each its if necessary.)		
NOR- (Check each item in appropriate col- ABNOR- umn; enter "NE" if not evaluated.) MAL				
18. HEAD, FACE, NECK. AND SCALP				
19. NOSE				
20. SINUSES	•			
V 21. MOUTH AND THROAT	-1 0-	\sim		
22. EARS—GENERAL (Int. & ext. canals) (Auditory & Chronic C	tils externa (
23. DRUMS (Perforation)	, ,,			
24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)				
25. OPHTHALMOSCOPIC				
26. PUPILS (Equality and reaction)				
27. OCULAR MOTILITY (Associated parallel move-				
28. LUNGS AND CHEST (Include breasts)				
29. HEART (Thrust, size, rhythm, sounds)				
30. VASCULAR SYSTEM (Varicosities, etc.)				
31. ABDOMEN AND VISCERA (Include hernia)				
32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)				
33. ENDOCRINE SYSTEM				
34. G-U SYSTEM				
35. UPPER EXTREMITIES (Strength, range of motion)		. 1		
36. FEET	REC-135 (1817)	1 - GE		
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	-0135			
38. SPINE, OTHER MUSCULOSKELETAL	Secretary of the second			
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	H GINNE	5 1965		
/ 40. SKIN, LYMPHATICS	10010			
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under item 72) 42. PSYCHIATRIC (Specify any personality deviation) 43. PELVIC (Females only) (Cheek how done)	IN THE			
42. PSYCHIATRIC (Specify any personality deviation)	A Paris			
43. PELVIC (Females only) (Check how done)	*			
□ VAGINAL □ RECTAL	(Continue in item 73)			
44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respecti		ADDITIONAL DENTAL		
	X8)—Fixed bridge, brackets to	S PARTIAL UPPER		
/-Nonrestorable teeth XXX-Replaced by dentures	include abutments	Transfer age		
R 1 2 3 4 5 6 7 8 9 10 11 12	13 14 15 16 E & LOW	ER DENTURE		
G H 32 31 30 29 28 27 26 25 24 23 22 21	20 19 18 17 F			
* X X X X	XXXXI	JAP,		
LABORATORY FIND		**		
45. URINALYSIS: A. SPECIFIC GRAVITY 1.006	46. CHEST X-RAY (Place, date, film number an			
B. ALBUMIN neg. D. MICROSCOPIC 1-3 WBC,	USPHS, San Pedro, Calif	., #7619,		
c. sugar neg. 1-2 RBC	4-5-65: Healthy chest	•		
47. SEROLOGY (Specify test used and result) 48. EKG 49. BLOOD TYPE AND RH	50. OTHER TESTS * `			
NO FACTOR	HEMATOLOGY: WBC-8,300,	Hemoglobin-16.		
VDKL: Non-reactive significant Not abnormality required				

			- 1 <u>j</u> (j 1 j 1 i	······································	FASURE	MENTS	AND C	THER	FINDING	25						
51. HÉIGHT	52. WEIGHT	53, C	OLOR HA			OR EYES			Š		ME	DIUM	HEAV)	OBES	E . 56. TEMPERATUR	₹E
5† 8#	m 160	The R	roce	, 20	113		/ (Check	one)		ĺ		\ \	/	198,	6
	LOOD PRESSURE				1/_/=	$\mathfrak{J}_{58.}^{\mathscr{L}}$		"		' . F	ner.	4rm at	heářť lev	ėl) r •		
	20 B.	SYS.	c.	l sv	s. '	A, SI	TTING	í l'a	. ĄF ÉER					D. RECUMBI	NT E. AFTER STAND	ING
SITTING DIAS.	RECUM-	DIAS.	STAND	ING -			69	/ 'I'		3			0	4. %2002.	3 MIN.	
/	8 BENT	DIAS.	(3 min	n.) Dir			/		Z	40	-	6	<u> </u>			
	ISTANT VISION		60.			REFRACT	ION				61.			NEAR VI		
RIGHT 20/	CORR. TO 2		BY		S.			. 0		<u> </u>	<u> </u>	3/	CORR.	то	BY	
LEFT 20/ 15	CORR, TO	20/	BY		S.			0)	·		R	J 1	CORR.	то	BY	
62. HETEROPHORIA (Specify distance)	* 3	`c					\				- `	,			t
ES°	EX°	R. I	i.	1	н.		PRISM D)IV.			M CONV	. ,		PC	PĎ	
											CT					
63. ACC	COMMODATION		64. CO	LOR VISIO	ON (Test	used an	d result)		_	65. D	EPTH PE	RCEPTI	ION .	UNCO	RRECTED	
RIGHT	LEFT		1 P.	٠ که .	P	lai	0.5	- 6	D•K.	. `	esi use	a ana s	score)	CORR	ECTED	
66. FIELD OF VISION			67. NIG	HT VISIO	N (Test	used and	score)			68. R	ED LENS	TEST		69. 11	TRAOCULAR TENSION	
`																
70. н	EARING		71,			A	UDIOME	rer				72. P	SYCHOLO	GICAL AND I	SYCHOMOTOR	
		~~	 	T		T	г	l				(Tests us	ed and score)	
RIGHT WV /S	/15 SV	20 /15		250 256	500 512	1000 1024	2000 2048	3000 <i>2896</i>	4000 4096	6000 6144	8000 8192					
. ^		<i>s</i> .	RIGHT			-		 				1				
LEFT WV /5	/15 SV	20 /15		ļ				 	1 6			1				
73. NOTES (Continue	d) AND CICATETO	ANT OD INTERV	LEFT AL HISTO	l PV	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>			, 4.	
73. 1101E3 (Continue	a) AND SIGNIFIC	ANT ON INTERV	AL NISTO	IN I											٠.	
и	•															
					(Use	addition	al sheets	if neces	sary)							
74. SUMMARY OF DE	FECTS AND DIAG	NOSES (<i>List dia</i>	gnoses y	ith item	numbere	8)								_		
	- A		٠,	_	-		^				The same			•		
\cdot	uli	200	(0)				n(),			- {4	(را					
				<u></u>	くし	1		حعب								
•						1										
•																
						14.						1				
75. RECOMMENDATIO	NS-FURTHER SI	PECIALIST EXAM	INATIONS	SINDICAT	ED (Spe	cify)						76.			AL PROFILE	
												Р	U	L	H E	s
<u> </u>	6.3 N . 72	٠, ٦			- 43	^	-, •],				
77. EXAMPLE (Chec	(f) `	·	•				• " "				10° 10	1				
A. Is QUALIFIED F	or													B. PHYSICAL	CATEGORY	
B. 🗌 IS NOT O	UALIFIED FOR	_										1.	_		•	
78. IF NOT QUALIFIED). LIST DISCHALL	FYING DEFFOTS	BY ITEM	NUMBE	• R	, · · ^		 		· · · ·	·	1-,-	A Í	В В	CE	
TOT IN HOT GONERIES	, LIST DISGONE	DE. 2012	, D1 11 Em	, Rombe								<u> </u>	^			
70 =	4 6							T ==					-~~			
79. TYPED OR PRINTI			017×	0017				l sig	NATURE			DII			00	
FRANK J.			SUKG!	EUN					<u> </u>	<u> </u>		1	_		Littur	
80. TYPED OR PRINT	ED NAME OF PHY	SIÇIAN	,		٠ ٦		T. •	SIG	NATURE			رست _.	/. لا			
							, ₁	(<u>/</u> /	1	<u>)</u>			<u> </u>	
81. TYPED OR PRINT	D NAME OF DEN	iet o r blivele	IAN (Indi	ieale-10hi	ch)			510	NATURE	. []	1/	\/	7.	-//	1000	7
manti co	HEWITE .	DDS., D	ental	L Di	recto	or			ON	14 t	5	X	221	12/1	T_LVXXX 1	11
82. TYPED OR PRINTE	D NAME OF REVI	EWING OFFICER	OR APPR	OVING A	UTHORIT	Υ		4510	NATURE			<i>ستاه</i>			NUMBER OF AT-	
	•								-	,	-				TACHED SHEETS	
		***	4										(COM:	DDUTE: 0 000	Inc. 1001	
								_						FRINTING OFF	CE : 1961—O-612730 #31	- B
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Standard Form 89 (Rev. Aug. 1950)
BUREAU OF THE BUDGET CHECULAR A-82

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REPORT OF MEDICAL HISTORY

<u> </u>	THIS INFO	RMATION IS FOR OFFICIAL	USE ONLY AND WILL NOT	BE RELEASED TO UNAUT	HORIZED PERSONS	•					
1. LAST NAME-FIR	ST NAME—MIDDLE NAME			2. GRADE AND COMPON	IENT OR POSITION	3. IDENTIFICATION NO.					
ANDERSO	N, MERTON R			SPECIAL	***						
4. HOME ADDRESS	(Number, street or RFD, ci	ty or town, zone and State	5. PURPOSE OF EXAMIN	6. DATE OF EXAMINATION							
1340 W.	6th St., I	os Angeles,	ANNUAL PHYSICAL 4/5/65								
7. SEX 8. RACE 9. TOTAL YEARS GOVERNMENT SERVICE 10. AGENCY 11. ORGANIZATION UNIT											
Male	Cauc	MILITARY 31	CIVILIAN 14	FBI	***						
12. DATE OF BIRTH	13. PLACE OF BIR	гн		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN							
7/21/20	Wiscons	in Dells, V	Visconsin	 Wife - 1	Lois Anders	same son, as #4					
15. EXAMINING FACI	LITY OR EXAMINER, AND AD	DRESS *		16. OTHER INFORMATION							
	BLIC HEALTH		***								
(17) STATEMENT OF E	XAMINEE'S PRESENT HEALTI	IN OWN WORDS. (Follow	by description of past his	story, if complaint exists)							

Good

48. FAMILY HISTORY

RELA	ГІОИ	AGE	STATE OF HEAD	LTH		IF DEAD, CAUSE OF DEATH			GE AT YES	NO	(Check eac			ítem)	RELATION(S)
FATHER		70	good				•			x	HAD TUBERCULOSIS				
MOTHER	₹	69	good							X.	HAD SYPHIL	.IS			
SPOUSE	÷	38	good							x	HAD DIABET	ES			
										x	HAD CANCER	₹			
BROTHE	RS	45	good						X HAD KIDNE					BLE	
AND										x	HAD HEART	TRO	UB	LE	
SISTER	เร									x	HAD STOMA	сн т	rrc	UBLE	
										x	HAD RHEUM			•	· 1
CHILDRE	LDREN 19 good									x	HAD ASTHM HIVES	iA,	HA	Y FEVE	R.
										X	HAD EPILEPS	SY (.	Fit	s)	
										X	COMMITTED	SUI	CIE	E	
										x	BEEN INSAN	E			
20. HAVE	YOU EV	ER HAD (OR HAVE YOU NOW ()	Plac	e chec	k at left of each item)									
YES NO		(Check	each item)	YES	NO	(Check each item)	YES	NC	(Chec	k each i	tem)	YES	N	0	(Check each item)
. 🗴	SCARL	ET FEVER	, ERYSIPELAS	X	GOITER * *		-	TUMOR, GRO	WTH, CYS	T, CANCER		2	L "TRI	CK OK FOCKED KNEE	
x	DIPHT	DIPHTHERIA TUBERCULOSIS					1	•	RUPTURE FOOT TROUBLE					TROUBLE	
x	RHEUM	ATIC FE	/ER		X	SOAKING SWEATS (Night sweats)		7	APPENDICITIS					NEUF	IITIS
x	SWOLL	EN OR PA	INFUL JOINTS		X	ASTHMA		x	PILES OR RECTAL DISEASE					PARA	LYSIS (Inc. infantile)
x	MUMP	5			x	SHORTNESS OF BREATH		×	FREQUENT OF	PAINFUL	URINATION		2	EPILI	EPSY OR FITS
X	WHOO	PING COU	GН		x	PAIN OR PRESSURE IN CHEST		x	KIDNEY STON	E OR BLO	OD IN URINE		L	CAR.	TRAIN, SEA, OR AIR SICKNESS
x	FREQU	ENT OR S	EVERE HEADACHE		x	CHRONIC COUGH		x	SUGAR OR AL	BUMIN IN	URINE		3	FREC	UENT TROUBLE SLEEPING
x	DIZZIN	ESS OR F	AINTING SPELLS		x	PALPITATION OR POUNDING HEART		x	BOILS				5	FREQU	JENT OR TERRIFYING NIGHTMARES
- x	EYE TE	ROUBLE			x	HIGH OR LOW BLOOD PRESSURE		2	VENEREAL DIS	EASE	· }		12	DEPR	ESSION OR EXCESSIVE WORRY
x	EAR, N	OSE OR T	HROAT TROUBLE		x	CRAMPS IN YOUR LEGS		2	RECENT GAIN	or Loss	OF WEIGHT		12	LOSS	OF MEMORY OR AMNESIA
x	RÜNNI	NG EARS			X	FREQUENT INDIGESTION		2	ARTHRITIS OF	RHEUMA	TISM		13	BED	WETTING
x	CHRO	IC OR FR	EQUENT COLDS		X	STOMACH, LIVER OR INTESTINAL TROUBLE		3	BONE, JOINT,	OR OTHER	DEFORMITY		1	NER\	OUS TROUBLE OF ANY SORT
x	SEVER	Е ТООТН	OR GUM TROUBLE		x	GALL BLADDER TROUBLE OR GALL STONES		2	LAMENESS				Ŀ	ANY	DRUG OR NARCOTIC HABIT
x	SINUSI	TIS			x	JAUNDICE		3	LOSS OF ARM.	LEG, FING	SER, OR TOE		:	EXC	SSIVE DRINKING HABIT
	HAY F	EVER			x	ANY REACTION TO SERUM, DRUG OR MEDICINE		2	PAINFUL OR "TR	іск" знои	DER OR ELBOW		1	х ном	OSEXUAL TENDENCIES
21. HAVE	YOU E	VER (Ch	eck each item)				22.	FE	MALES ONLY: A.	HAVE YO	U EVER-	В.	со	MPLETE	THE FOLLOWING:
x	WORN	GLASSES			X	ATTEMPTED SUICIDE			BEEN PREGNA	NT				AGE	AT ONSET OF MENSTRUATION
x	WORN	AN ARTI	FICIAL EYE		X	BEEN A SLEEP WALKER			HAD A VAGIN	AL DISCH	ARGE			INTE	RVAL BETWEEN PERIODS
x	WORN	WORN HEARING AIDS LIVED WITH ANYONE WHO HAD TUBERCULOSIS				LIVED WITH ANYONE WHO HAD TUBERCULOSIS	BEEN TREATED FOR A FEMALE DISORDER DURATION OF PERIODS					TION OF PERIODS			
X	X STUTTERED OR STAMMERED X COUGHED UP BLOOD			Γ,	Γ	HAD PAINFUL	MENSTRU	JATION			DATE	OF LAST PERIOD			
X	WORN A BRACE OR BACK SUPPORT BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			Г		HAD IRREGUL	AR MENS	FRUATION	QU	JAN	TITY: [NORMAL EXCESSIVE SCANTY			
23. HOW	MANY J	OBS HAVE	YOU HAD IN THE	24	. WH	HAT IS THE LONGEST PERIOD YOU 25						26. ARE YOU (Check one)			
			ELD ANY OF THESE JOBS? ONTHS 14 years		FI	SI Speci	al A	gent			Ri	SHT HANDED LEFT HANDED			

 HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:

YES	NO	CHECK EACH ITEM YES OR NO. EV	VERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
	x	A, SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	,
	x	B. INABILITY TO PERFORM CERTAIN MOTIONS	
•	x	C. INABILITY TO ASSUME CERTAIN POSITIONS	
-	x	D. OTHER MEDICAL REASONS (If yes, give reasons)	
	x	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	•
-	_X_	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BEGAUSE OF YOUR HEALTH? (If yes, state reason and give details)	- -
		31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	÷ ;
· .		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	Tonsilectomy, Jan. 1943, U. S. Air Force Age - 21 yrs.
	x	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR-IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
•	*	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	· · · · · · · · · · · · · · · · · · ·
x		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? -(If yes, give complete address of doctor, hospital, clinic, and detrils)	October, 1962, ear fungus, and running ears- Dr. H. Owens, 2010 Wilshire, Los Angeles, Calif.
	T	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	x	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS! (If yes, give date and reason for rejection)	
	x	38. HAVE YOÙ ÈVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	- - -
	x	39. HAVE YOU EVER RECEIVED. IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	-
OF PROC	ESSING	MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	PLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSE:
TYPED C	R PRINT	TED NAME OF EXAMINEE	SIGNATURE MAN A COMMON AND A CO
		TON R. ANDERSON	Merton R. Cluderson
40 PHY	SICIAN'S	SUMMARY AND FLARORATION OF ALL PERTINENT DATA ()	Physician shall comment on all positive answers in items 20 thru 39)

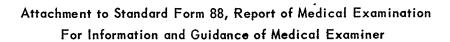
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER F. J. FISCHKE, MD., SURGE

DATE 4-5-65

SIGNATUNE

NUMBER OF ATTACHED SHEETS

U.S. GOVERNMENT RINTING OFFICE: 1959—O-527655



Mam	e of Examinee	ANDERSON,	MERTON	R.
	e or print)	Last	First	Middle
The	following portions of	f the attached examination rep	port form need not be co	mpleted:
	2	14	68	
	2 3	17	69	
	4	62	72	
	9	65	76	
	11	67		
46.	Is necessary unless	facilities for affording same	are not readily available	·.
48.	Not required unless desirable.	examinee is over 35 years of	age or examination indic	cates such is
49.	Is necessary unless	facilities for affording same	are not readily available	·•
71.	applicants and Spec accepted if the hear	tions should be afforded whereigl Agents. Applicants for the ing loss exceeds a 15 decibe ge (500, 1000, 2000 cycles).	e Special Agent position	will not be
For	All Examinees, When	ther Clerical or Special Agent	t Applicants or Employed	es:
The	medical examiner should	apswer the following question:		
	/	J		
	Examinee Lis	is not qualified for stre	nuous physical exertion.	
То	be Answered in the C	Case of All Male Employees a	nd Male Applicants:	
		any defects restricting or pros s assignments which might en		
	□No □Yes	If "yes" please specify defe	ects.	
		and the product of poorty dots		
	· /			
2.	Does examinee have	any defects prohibiting safe o	operation of motor vehicl	es?
	☑ No ☐ Yes	If "yes" please specify defe	cts	
·	Can aufo deissina af a	-t	N	
		otor vehicles, Civil Service (n one eye and 20/100 in the o		
		ctive glasses while operating		
		based on a factor other than		
		and the second officer than	and to beamward, marcute	~4010
		,		
			الأمدية والمسترات	

REC'D - ACMIN MIV. Destrable Weight Ranges for Males

Height	Small Brame + 155	Medium Frame	Large Frame
5′ 4″	117 - 125	123 - 135	131 - 148
5′ 5″	120 - 129	126 - 139	134 - 152
5′ 6″	124 - 133	130 - 143	138 - 157
5′ 7 ″	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5′ 9″	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6′ 2″	156 - 167	163 - 181	174 - 195
6′ 3″	160 - 171	168 - 186	178 - 200
6′ 4″	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4.	Examinee's frame is small r	nedium	large	
5.	Considering above weight table, the examina I consider his present weight Satisfact	e's frame, a ory	nd other individual ; Excessive	physical characteristics Deficient
6.	Under proper medical supervision, examinee	should [losepour	ads
			gainpour	nds
Re	marks:			

(Signature of Medical Examiner)

(Date)



FD-277 (Rev. 3-6-63) OPTIONAL FORM NO. 10 MAY 1962 EDITION GSA GEN. REG. NO. 27 5010-106 UNITED STATES GOVERNMENT

Memorandum

ТО	: Director, FBI	DATE: 10/	1/64.
FROM	NOS Angeles		Personnel Section
		•	
	Re physical examination Dental work was completed on Vision has been corrected to		Employee specifically instructed
<u>x</u>	(date) (name of personly when wearing the necessary glasses. Results of chest X ray patch test Enclosed physician's statement indicates he Enclosed are paid unpaid medical b Attached are Bureau of Employees' Compens	urinalysis serology we is qualified for strenuous phills.	ysical exertion and use of firearms
	Physical examination reports are enclosed. Employee is scheduled for physical examina Physical examination report has been review Employee returned to active duty Employee's physical condition is UACB he is being removed from limited duty UACB he is being placed on limited duty.	red and initialed.	-• -•
Re	emarks:	Rofeviller action	

EPORT OF MEDICAL EXAMINATION

ircular A-32 (Rev	.)	EPORI	OF MEDICAL	EVWINIAWIT							
	IRST NAME-MIDDLE NAME			2. GRADE AND COMPON	2. GRADE AND COMPONENT OR POSITION						
/ ANDER	SON, MERTON	TR.	SPECIAL	AGENT	***						
4. HOME ADDRESS	(Number, street or RFD, c	city or town, zone and Sto	5. PURPOSE OF EXAMIN	NATION	6. DATE OF EXAMINATION						
1340	West Sixth	Street									
	ngeles, Cal			ANNUAL PH	ANNUAL PHYSICAL 4/7/6						
7. SEX	8. RACE	9. TOTAL YEARS GOVE	RNMENT SERVICE	10. AGENCY	11. ORGANIZATION UNIT						
Male	Cauc	MILITARY 32	CIVILIAN 15	FBI	FBI ***						
12. DATE OF BIRTH	13. PLACE OF BIRT	ГН		14. NAME, RELATIONSH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN						
				Wife	Wife - Lois Anderson						
7/21/20	Wisco	onsin Della	Same address								
15. EXAMINING FAC	CILITY OR EXAMINER, AND A	DDRESS	16. OTHER INFORMATIO	16. OTHER INFORMATION							
דו מ דודם	TTC · HEALTH	San Pedro	***								

17. RATING OR SPECIALTY TIME IN THIS CAPACITY (Total) _ LAST SIX MONTHS (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.) CLINICAL EVALUATION (Check each item in appropriate col-umn; enter "NE" if not evaluated.) 18. HEAD, FACE, NECK. AND SCALP 19. NOSE 20. SINUSES 21. MOUTH AND THROAT 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71) 23. DRUMS (Perforation) 24. EYES-GENERAL (Visu 25. OPHTHALMOSCOPIC 26. PUPILS (Equality and reaction) 27. OCULAR MOTILITY (Associated parallel move-28. LUNGS AND CHEST (Include breasts) 29. HEART (Thrust, size, rhythm, sounds) 30. VASCULAR SYSTEM (Varicosities, etc.) 31. ABDOMEN AND VISCERA (Include hernia) 32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated) 33. ENDOCRINE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range of 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) 38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS 40. SKIN. LYMPHATICS WILDSUF ID 41. NEUROLOGIC (Equilibrium tests under item 72) 42. PSYCHIATRIC (Specify any personality deviation 43 BELVIC (Females only) (Check how done) VAGINAL RECTAL (Continue in item\73) REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES 44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.) –Restorable teeth $\frac{X-Missing\ teeth}{XXX-Replaced\ by\ dentures}$ -Fixed bridge, brackets to I-Nonrestorable teeth include abutments

LABORATORY FINDINGS 1.002 45. URINALYSIS: A. SPECIFIC GRAVITY USPHS, OPC, SAN PEDRO, CALIF.# 76 19 Occasional Negative D. MICROSCOPIC B. ALBUMIN squamous epith & wbc/hpf. Chest X-Ray: Healthy Chest Negative C. SUGAR 47. SEROLOGY (Specify test used and result) 49. BLOOD TYPE AND RH 50. OTHER TESTS Wbc. - 8,600 Hematology: VDRL: Non-Reactive Hemoglobin - 15.6

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					384.	ASURE	MENTO	AND O	THED	EINDIN	20				, ,		. , ,		
51. HEIGHT	52	. WEIGHT	53, Č	OLOR HAI		54. COL				: ` {, S		: MEI	DIUM	HEAV		OBESE		EMPERAT	URE
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7.		PRESSURE (Arm at heart l			·	58.		;	· · ·				heart le	vel)	`` ' .		<u> </u>	S
Α.	sys. 1-30	'B.'	SYS.	c.		s, , 🤆 🦰	' A. SC	TING	В	. AFTER	EXERCISE	Ç. 27	AIN. AF	TER ;	'D: 1F	EGNWBEN	T E. Al	TER STA	NDING,
SITTING	DIAS. 76	RECUM- BENT	DIAS.	STANDI (8 min	NG DIA	\S.		84		96			<u>84</u>						
9.	DISTA	NT VISION		60.		1	REFRACT	ION		•		61.			!	NEAR VISIO	ON		
RIGHT 20	20	CORR. TO 20	·	BY		s.			. 03		<u>,></u>	R -	١١	CORR.		BY			
EFT 20/ >	. 0	CORR. TO 2	o/ 	BY		S.			0)	<u> </u>		1	11	CORR.	то		- 1	ВҮ	
2. HETERO	PHORIA (Speci	fy distance)	-	***					•			٧		•					
ES°	E)	K°	R. I	1.	L	., Н.		PRISM D	VIV.			I CONV. T		۰, ۲		PC		PÒ	
53.	ACCONN	IODATION		64 001	OR VISIO	ON (Test	need an	d result\				PTH PE	PCEPTI	ON		UNCOR	RECTED		
RIGHT	ACCOMIN	LEFT		ρ	1. P	Dat.	-	2 P			OS. CT	est use	d and s	core)		CORRE			
6. FIELD (OF VISION				HT VISIO	N (Test 1	used and	i score)			68. RE	D LENS	TEST					AR TENSI	ON
						`,		,											
0.	HEARI	NG		71.			,	UDIOME	TER	-			72. P	SYCHOL	ogic	AL AND PS	УСНОМ	OTOR	
			w		950	E00	1000	2000	3000	4000	6000	8000	· (rests u	sea ar	id score)			
RIGHT WV	15 /15	50	20 /15		250 256	500 512	1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192 *] in (Ť.	;	• • ,			
LEFT WV	/-/15	i SV	20/15	RIGHT]						
	17		×0	LEFT						<u> </u>	,						•		
). NOTES	(Continued) Al	ND SIGNIFICA	ANT ON INTERV	AL MISTO							* * *		•						
74. SUMM	ARY OF DEFECT	'S AND DIAG	NOSES (<i>List di</i>	agnoses w	ith item			nal sheet	s if neces	sary)									
75. RECOM	IMENDATIONS—	-FURTHER SF	PECIALIST EXAN	ROOITANIN	INDICA	TED (Spe	ecify)	· · · · · · · · · · · · · · · · · · ·					76.			PHYSICA			
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77 50111	NEE (Check)					د	//						-		**	i		<u> </u>	L
	NEE (CREEK) DIS NOT QUAL	IFIED FOR	.i.s.c. ::	314, 42.00 h	. ٿار	د ز ، -	••••	'0 *					,	• 5		PHYSICAL	CATEGO	RY	
78. IF NOT	QUALIFIED. LI	ST DISQUALI	FYING DEFECT	S BY ITEM	NUMBE	R						,]		Å,	_	'B''	·c		E
79. TYPED	OR PRINTED N	AME OF PHYS	SICIAN M.D. SU	RGEON	;	·			SI	GNATURE	1		7	net	//	<u>**</u>	n	2	
	OR PRINTED N		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,500 (6.5)	```			(SI	GHÁTUR	51	<u> </u>	1	<u> </u>	<i>V.</i>	in p	- 4	``	
81. TYPED Ě	OR PRINTED N	AME OF DENT	D.D.S	D.I	icate wh	ich)				GNATURE	The state of the s	X	Ties	אנבאנ	4	(N)	Si		——)
	でR PRINTED N					UTHORIT	ſΥ		SI	GNATURE	<u> </u>	ساهم		100	_#4	<u> </u>	NUI	MBER OF	AT-

U.S. GOVERNMENT PRINTING OFFICE : 1961—O-612730 #31-B

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THIS	INFOR	TAN	/s	FOR	OFFICIAL	USE	ONLY	AND'	WILL	NOT	ΒE	RELEASED	TO	UNAU.	RIZED	PERS

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1.LAST NAME-FIRS	ST NAME—MIDDLE NAME			2. GRADE AND COMPON	NENT OR POSITION	3. IDENTIFICATION NO.		
ANDERSO	on, Merton R	•		SPECIAL AGENT ***				
4. HOME ADDRESS (Number, street or RFD, city	or town, zone and State	5. PURPOSE OF EXAMINATION 6. DATE OF EXAMINATION					
	est Sixth S							
Los An	geles, Calif	ornia		ANNUAL I	PHYSICAL	4/7/66		
7. SEX	8. RACE	9. TOTAL YEARS GOVER	RNMENT SERVICE	10. AGENCY	11. ORGANIZATION UNIT	·····		
Male	Cauc	MILITARY 3½	civilian 15	FBI		***		
12. DATE OF BIRTH	13. PLACE OF BIRTH			14. NAME, RELATIONS	IIP. AND ADDRESS OF NEXT	OF KIN		
				Wife	- Lois And	lerson		
7/21/20	0 Wisco	nsin Dells	, Wisc.		Same add	ress		
	ITY OR EXAMINER, AND ADDR			16. OTHER INFORMATION				
U S PUI	BLIC HEALTH,	San Pedro	o, Calif.		**	· *		

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

Good

18. FAN	MILY	ністо	RY *				•				OOD RELATIO	N (I	Ратег	nt, brother	, sister, other)	
REL	ATIO	ИС	AGE	STATE OF HEAD	LTH	IF DEAD, CAUSE OF DEATH		AGE DEAT	AT VEC	NO	(Check	eac.	h it	em)	RELATION(S)	
FATHE	R		71	good						x	HAD TUBERO	ULO	SIS			
MOTH	ER		70	good						x	HAD SYPHIL	is				
SPOUS	E	_	39	good					X		HAD DIABET	ES			mother	
		Ĺ		_						X	HAD CANCER	₹				
BROTH	HERS	1-	46	good						X	HAD KIDNEY	TRO	UBL	E		
AN	D									X.	HAD HEART	TRO	JBLE			
SIST	ERS	31								X	HAD STOMAG	сн т	ROU	BLE		
										x	HAD RHEUM.		•	. 1		
CHILD	REN	1-	20	good						X	HAD ASTHM HIVES	A, H	łĄY"	FEVER.		
										X'	HAD EPILEPS	Y (1	rits)			
		-								x	COMMITTED	SUIC	IDE			
										x	BEEN INSANE	Ξ				
20. HAV	/E Y	OU EVE	R HAD OF	R HAVE YOU NOW (I	Place chec	k at left of each item)										
YES N		(Check e	ach item)	YES NO	(Check each item)	YES	МО	(Check	k each i	tem)	YES	ИО	(0	heck each item)	
X	. 9	CARLE	T FEVER.	ERYSIPELAS	X	GOITER		X	UMOR, GROW	ITH, CYS	T, CANCER		X	"TRICK"	OR LOCKED KNEE	
. X	. [OIPHTHI	ERIA		X	TUBERCULOSIS '	2	₹ i F	RUPTURE				X,	FOOT TR	OUBLE	
X	F	RHEUMA	ATIC FEVE	R	X	SOAKING SWEATS (Night sweats)	3	C A	PPENDICITIS		•		x	NĚURITIS		
2	5 5	WOLLE	N OR PAI	NFUL JOINTS	x	ASTHMA	1	K , F	ILES OR RECT	TAL DISE	ASE		X	PARALYS	1S (Inc. infautile)	
7	c 1	MUMPS			X	SHORTNESS OF BREATH	\$	C F	REQUENT OR	PAINFUL	URINATION		X	EPILEPSY	OR FITS	
28	۷	иноорі	NG ÇOUG	н	X	PAIN OR PRESSURE IN CHEST		X	CIDNEY STONE	OR BLO	OD IN URINE		X	CAR, TRA	IN, SEA, OR AIR SICKNE	SS
Z	F	REQUE	NT OR SE	VERE HEADACHE	x	CHRONIC COUGH	5	K S	UGAR OR ALE	BUMIN IN	URINE		X	FREQUEN	T TROUBLE SLEEPING	
2	[[DIZZINE	SS OR FA	INTING SPELLS	X	PALPITATION OR POUNDING HEART	2	K E	OILS				X	FREQUENT	OR TERRIFYING NIGHTMAR	ĒS
; 🗷	ž E	YE TRO	UBLE		X	HIGH OR LOW BLOOD PRESSURE		X · V	ENEREAL DIS	EASE			X	DEPRESS	ION OR EXCESSIVE WOR	RY
x	E	AR, NO	SE OR TH	ROAT TROUBLE	X	CRAMPS IN YOUR LEGS	3	F	RECENT GAIN	OR LOSS	OF WEIGHT		X	LOSS OF	MEMORY OR AMNESIA	
X	F	รบไททเท	G EARS		x	FREQUENT INDIGESTION	5	K A	RTHRITIS OR	RHEUMA	TISM		X	BED WET	TING	
28	: 0	CHRONI	C OR FRE	QUENT COLDS	x	STOMACH, LIVER OR INTESTINAL TROUBLE	3	C E	ONE. JOINT. C	R OTHER	DEFORMITY		X	NERVOUS	TROUBLE OF ANY SOR	<u> </u>
	X	EVERE	тоотн о	R GUM TROUBLE	X	GALL BLADDER TROUBLE OR GALL STONES		K L	AMENESS				X	ANY DRU	G OR NARCOTIC HABIT	
25.2	ζ 5	TIRUNIE	IS		x	JAUNDICE	5	K L	OSS OF ARM,	LEG, FING	ER, OR TOE		х	EXCESSI	/E DRINKING HABIT	
24	E 1	AAY FE	/ER		X	ANY REACTION TO SERUM, DRUG OR MEDICINE	1	P.	AINFUL OR "TRI	ck"shou	DER OR ELBOW		X	HOMOSE	XUAL TÉNDENCIES	
21. HAV	ΈΥ	OU EVE	R (Che	ck each item)			22.	FEMAI	ES ONLY: A.	HAVE YO	U EVER—	В. С	ОМЕ	LETE THE	FOLLOWING:	
x	1	WORN C	SLASSES		x	ATTEMPTED SUICIDE		TE	EEN PREGNAN	٧T				AGE AT C	DISET OF MENSTRUATIO	N
x	1	WORN A	N ARTIF	ICIAL EYE	X	BEEN A SLEEP WALKER	П	1	IAD A VAGINA	L DISCH	ARGE			INTERVA	L BETWEEN PERIODS	
x	١,	WORN H	HEARING	AIDS	×	LIVED WITH ANYONE WHO HAD TUBERCULOSIS		В	EEN TREATED F	OR A FEMA	LE DISORDER		\neg	DURATIO	N OF PERIODS	
X	1	TUTTE	RED OR	STAMMERED	X	COUGHED UP BLOOD		1	AD PAINFUL	MENSTRU	JATION .			DATE OF	LAST PERIOD	
x	٠,	WORN A	BRACE	OR BACK SUPPORT	x	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION		F	AD IRREGULA	R MENS	TRUATION	QUA	NTI	TY: No	RMAL EXCESSIVE SCA	NTY
23. HOV	W M.	AÑY JO! HREE YI	on EARS? 6	YOU HAD IN THE	HE	AT IS THE LONGEST PERIOD YOU LD ANY OF THESE JOBS? NTHS dont apply			is your usu					ARE YOU	(Check one) anded	

YES	820	CHECK EVEN ILEM AND US	JEDV ITEM CHECKED "IVEC! NO CT DE PURI V EVEN	DIANK CDIOS ON DIOUS
152	NO		/ERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN	BLANK SPACE ON KIGHT
	4-	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:		4.
	X	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.		
	<u> </u>	B. INABILITY TO PERFORM CERTAIN MOTIONS		
	X	C. INABILITY TO ASSUME CERTAIN POSITIONS		
	x	D. OTHER MEDICAL REASONS (If yes, give reasons)		
•	x	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	,	
	x	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	• ·	ws.
2::	x	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	<u>;</u> ::	:
	×	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	<u>:</u> 2	
<u> </u>		32. HAVE YOU HAD, OR HAVE YOU-BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred).	R ^e moval of tonsils. USAF, I January, 1943.	Hondo, T ^e xas
		33. HAVE YOU EVER BEEN A PATIENT (committed or	1	•
_	4,-	voluntary) IN A MENTAL HOSPITAL OR SANATOR- IUM? (If yes, specify when, where, why, and		
3:	x	name of doctor, and complete address of hospital or clinic)	5	21
		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER	•	Ţ
<u>. </u>	x	THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	-: -: -:	
		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS	Tr ^e at ^e d for running ^e ars, by	V Dr. H. Owens,
x::		WITHIN THE PAST 5 YEARS? (If yes, give com- plete address of doctor, hospital, clinic, and details)	2010 Wilshir ^e , Los Ang ^e l ^e s,	Calif.
	x	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)		
	1	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY	3	
	x	SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS! (If yes, give date and reason for	ű	
		rejection)		
	-	38. HAVE YOU EVER:BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER	<u></u>	
		REASONS? (If yes, give date, reason, and type of discharge: whether honorable,		
	X	other than honorable, for unfitness or unsuitability)		
			-:	
	x	39. HAVE YOU EVER-RECEIVED. IS THERE PENDING. HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)		ي. ا
I CE	RTIFY T	HAT'I HAVE REVIEWED THE FOREGOING INFORMATION SUPP	LIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE	
	THORIZE ESSING	E ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	D ABOVE TO FURNISH THE GOVERNMENT A.COMPLETE TRANS	SCRIPT OF MY MEDICAL RECORD FOR PURPOSES
TYPED O	R PRINT	ED NAME OF EXAMINEE	SIGNATURE	
	m ^e rt	ON R. AND RSON	Merton K.	anderson
		•	Physician shall comment on all positive answers in items 20 to	hru 39)
2	20,-	oussiand fungal rifetion in.	lejt lor	
2	W	oussiand funda uption in.	not row)	
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. e	ָרָר בָּרָר	The state of the s	TOTAL GOVE	· ***
TYPED (OR PRINT	TED NAME OF PHYSICIAN OR EXAMINATION DATE	SIGNATURE 2	NUMBER OF ATTACHED SHEETS

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

	ne of Examinee	ANDERSON.	MERTON	R.
(Тур	e or print)	Last	First	Middle
The	following portions of the	attached examination re	eport form need not be	completed:
	2 3	14	68	
	3	17	69	
	4	62	72	
	9	65	76	
	11	67		
46.	Is necessary unless faci	lities for affording sam	e are not readily avail	nble.
48.	Not required unless examedesirable.	ninee is over 35 years o	f age or examination in	ndicates such is
49.	Is necessary unless faci	lities for affording same	e are not readily availa	able.
71.	Audiometer examinations applicants and Special A accepted if the hearing I sational speech range (5	agents. Applicants for its oss exceeds a 15 decib	the Special Agent posi el average in either ec	tion will not be
For	All Examinees, Whether	Clerical or Special Age	nt Applicants or Emplo	yees:
The	medical examiner should answ	er the following question:		
	Examinee 🖾 is 🗀	lis not qualified for str	enuous physical exert	ion.
То	be Answered in the Case	of All Male Employees	and Male Applicants:	
	Does examinee have any tactics and dangerous ass			
	⊠No □Yes If "	yes" please specify de	fects.	
2.	Does examinee have any	defects prohibiting safe	operation of motor vel	nicles?
•	⊠ No □ Yes If "	yes" please specify de	fects.	
	For safe driving of motor test at least 20:/40 in one examinee wear corrective If recommendation is base	e eye and 20/100 in the glasses while operatin	other, corrected or uno g a motor vehicle?	corrected. Should Yes ⊠No

1 /- 11 11-11-11/ meg



Desirable Weight Ranges for Males

Height	Small (Frame 32 Fii	Medium Frame	Large Frame
5′ 4″	117 - 125	123 - 135	131 - 148
5′5″	120 - 129	126 - 139	134 - 152
<u>5′6″</u>	124 - 133	130 - 143	138 - 157
5′ 7″	128 - 137	134 - 148	143 - 162
5′8″	132 - 141	138 - 152	147 - 166
5′9″	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5′ 11″	144 - 154	150 - 166	160 - 180
6′	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6′ 2″	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6 ′ 4″	169 - 180	178 - 196	188 - 210
6 ′ 5″	174 - 185	182 - 202	192 - 216

4.	4. Examinee's frame is small medium large	
5.	5. Considering above weight table, the examinee's frame, and other individual I consider his present weight Satisfactory Excessive	l physical characteristics
6.	6. Under proper medical supervision, examinee should losepo	ounds
	po	ounds
Re	Remarks:	
	Ch Winter	ภ
	(Signature of Medical Ex	aminer)

(Auf 7, 1666)

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	حجندت		ME-MIDDLE NA	ME					2. GRADI	E AND COMPON	ENT OR POSITION	3. IDENTIFICATION NO.
Ä	NDERS	ON,	MERTO	NR.					SPI	ECIAL	AGENT	***
			ber, street or RF		•	State)			5. PURPO	SE OF EXAMIN	ATION	6. DATE OF EXAMINATION
			Sixth		reet				0.377	.TTT A T T	7870 TO AT	11/12/67
			es, Ca					···-			HYSICAL	4/13/67
7. SE		8. RAC	-		TOTAL YEARS G			16	10. AGEN	cy FBI	11. ORGANIZATION UN	rr ⊁*
	Iale		auc		LITARY 3	5 101/	/ILIAN				P. AND ADDRESS OF NE	VT.OF 1/311
12. Di	CIE OF BIKIT	1	13. PLACE OF	BIRIT						Wife -	· ·	
7	/21/2	0	W.	isco	nsin D	ells	. Wi	se.			Same add:	
			R EXAMINER, AN				J		16. OTHE	R INFORMATIO		
τ	IS PU	BLI	C HEAL	rh,	San Pe	dro,	Cal:	if.	1		***	
17. R/	TING OR SPE	CIALTY							TIME IN T	HIS CAPACITY	(Total)	LAST SIX MONTHS
			L EVALUATIO			VOTES.	. (Describ	ne every	abnorma ntinue in	ality in deta n item 73 and	il. Enter pertinent I use additional she	item number before each
NOR- MAL			em in approp NE'' if not ev	riate co aluated) ABNOR-				•			
-		FACE, N	ECK. AND SCALP	·								
	19. NOSE 20. SINUSE											
-	21. MOUTH		HPOAT								1	
-			L (Int. & ext. car acuity under ite	als) (Aud	itory	1.4	0	titi	s F	xtern	64	
	23. DRUMS			ma ro una		-,.	•			A I C		
	24. EYES	GENERA	(Visual acuity under items 59,	nd refrac	tion							
	25 . OPHTH	ALMOSC										
			lity and reaction									
			ITY (Associated ments, nystac		iore				/			
-			EST (Include br									
-	 	<u> </u>	t, size, rhythm,									
-	+		TEM (Varicositie VISCERA (Inclu		, 			•				
.—			TUM (Hemorrhoid (Prostate, if						-1:			
	33. ENDOC			inaicatea)					f é			1 100
	34. G-U S	YSTEM				````			<i>y</i> = -	- 21	1145	/ / / 3
	35. UPPER	EXTREM	MITIES (Strength, motion)	range of		.RE	G137		.*		3 201	
	36. FEET								. ••		1111110000 108	37 11 17
			MITIES (Except fee		ion)		وزمس مراييا	~			نال فرانهها ۱۰ و	" 30°
_	-		MUSCULOSKELE			13						
-	40. SKIN, 1		ODY MARKS, SCA	RS, IAIIC	005	/					2	
+	1		Equilibrium,tests	under item	78)	`				· ///		;
1	 		Specifyany person							///		
	43. PELVIC	(Fema	les only) (Check	how done	,	, ,				•		
			☐ VAGINAL	REC	TAL	. k .				(Continue	in item 73)	
			oriate symbols ab	ove or bel			lower teeth				DEFECTS AND	D ADDITIONAL DENTAL DISEASES
	-Restorable te -Nonrestorabl			X	<u>X</u> —Missing te XX—Replaced b		e8	(6		d bridge, bracke Iude abutment	is to I y	lesse
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G H T	Ž ×	×	Lu	•	ື ວັ				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Χ×	F .	
	·····		·····				LABORATO	RY FIND	NGS			
45. U	RINALYSIS: A	. SPECI	FIC GRAVITY	1.	026				46. ČHE	ST X-RAY (Pla	ice, dale, film number c	nd result)
B. AL	BUMIN	Neg	ative	D.	MICROSCOPIC ESSOPT	77.	Moss	+÷**	USP	'HS, OPC	, SAN PEDRO	, CALIF.# 76 19
c. su			ative		Essenti	,			. CHE	ST X-RA	Y: Healthy	Chest
47. SI	ROLOGY (Sp	ecify tes	i used and resul	ع اما	YKG) NO	F 1	OOD TYPE A	ND RH		ER TESTS	مالا سنده	750 •
VD:	RL: Nor	ı–Re	active	cha	ngé fr	oiur			111111	TTOHORT	ಪಕ- Wbc. 6: Hemogloh	oin - 13.4.
			,	*Tas	t exam	11.			1		Tremogration	/AII AU • T •

1435						fa 2 :						- 1	· .		1	, ,	
57.	BLOOD PRESSURI	E (Arm at hear	nt levely	1		58.			. ,,	р	ULSË (A	rm at he	aft level)		. 		17 16
A. S	YS. / / 9" " B.		C.	SY	's.	A. SIT	TTING	В	AFTER			IIN. AFTE		SECUMBE!	IT E. A	TER ŞT	NDING
SITTING D	RECUM-	DIAS.	STAND (3 mi		AS.	،	72	'	100		´ ` 🖚	ָיב <i>ו</i> ֹל		,_,	3.1	MIN.	
59.	DISTANT VISION		60.			REFRACT					61.			NEAR VISI	ON		
RIGHT 20/15	/ CORR, TO	20/	BY		s.			C	<		R-	. 11	ORR. TO			BY	
LEFT 20/ JG	CORR. TO	O 20/	BY		S.			, .c>	۲,		200		CORR. TO			BY	
	IORIA (Specify distance	e) .															
ES°	EX°		г. н.	1	L. H.		PRISM D	oiv.			M CONV. CT		•	PC "		PD	
63.	ACCOMMODATION		64. co	OR VISI	ON (Test	used and	d result)			65. D	PTH PE	RCEPTION	1 .	UNCOR	RECTED		
RIGHT	LEFT		$\neg \mid P$	1. P	Lat	00 -	OK	:		6	est use	d and sco	TE)	CORRE	CTED		
66. FIELD OF	VISION		67. NIG	HT VISIO	ON (Test	used and	score)			68. R	D LENS	TEST		69. INT	RAOCUL	AR TENS	ION
										_							
70.	HEARING		71.			A	UDIOMET	rer .				72. PSY	CHOLOGICA ests used as	AL AND PS	УСНОМ С	TOR	
RIGHT WV	15 /15 SV	20 /15	.	250	500	1000	2000 2048	3000 2896	4000	6000	8000	(15		au score)	- '		
	, . , ,	20 "	<u> </u>	256	612	1024	2048	2896	4096	6144	8192						
LEFT WV	/15 SV	¹⁵ د ـ	RIGHT														
		J- J	LEFT		ļ									*			
73. NOTES (<i>C</i>	ontinued) AND SIGNIFI	ICANT OR INTE	RVAL HISTO	RY	43	ige.											
						usi									*	•	
•																•	
í																	
					(<i>Us</i> a	e addition	al sheets	i if necess	sary)								
74. SUMMARY	Y OF DEFECTS AND DIA	GNOSES (List	diagnoses u	ith item			al sheets	; if neces									
74. SUMMARY	Y OF DEFECTS AND DIA	GNOSES (List	diagnoses u	ith item			al sheets	if necess	ary)								
74. SUMMARY	Y OF DEFECTS AND DIA	GNOSES (List	diagnoses u	ùh item			al sheets	i f necess									
74. SUMMARY	Y OF DEFECTS AND DIA	GNOSES (List	diagnoses u	ith item			al sheets	if necess									
74. SUMMARY	Y OF DEFECTS AND DIA	GNOSES (List	diagnoses u	ith item			al sheets	i f neces.									
74. SUMMARY	Y OF DEFECTS AND DIA	GNOSES (List	diagnoses u	ith item			aal sheets	i if neces.									
74. SUMMARY	Y OF DEFECTS AND DIA	GNOSES (List	diagnoses u	ith item			al sheets	if necess									
\;	,				number	8)	al sheets					76		BHYSICA	L PROEIU		
\;	Y OF DEFECTS AND DIA , , , , , , , , , , , , ,				number	8)	al sheets					76.		PHYSICAI			
N,	NDATIONS—FURTHER :	SPECIALIST EX.	AMINATIONS		number	8)	al sheets					76.	A.	PHYSICAL	L PROFIL H	E E	S
75. RECOMME	NDATIONS—FURTHER	SPECIALIST EX.	AMINATIONS		number	8)	al sheets					P	U	r		E	S
75. RECOMME	NDATIONS—FURTHER:	SPECIALIST EX.	AMINATIONS		number	8)	al sheets						U U	L	Н	E	S
75. RECOMME 77. EXAMINEE A. AVIS QUAL	NDATIONS—FURTHER:	SPECIALIST EX.	AMINATIONS	S INDICAT	TED (Spe	s)		•			377	P **	U B. F	HYSICAL	Н	E	S
75. RECOMME 77. EXAMINE A. MIS QUAL B. DIS	NDATIONS—FURTHER: (Chick) IFIED FOR NOT QUALIFIED FOR	SPECIALIST EX.	AMINATIONS	SINDICAT	TED (Spe	s)	al sheets	•				***	υ . Β. Ρ 	HYSICAL	H	E	S
75. RECOMME 77. EXAMINE A. MIS QUAL B. DIS	NDATIONS—FURTHER:	SPECIALIST EX.	AMINATIONS	SINDICAT	TED (Spe	s)		•			177	P **	υ . Β. Ρ 	HYSICAL	Н	E	E
75. RECOMME 77. EXAMINE A. IVIS QUAL B. J. IS 78. IF NOT QU.	NDATIONS—FURTHER: (Check) IFIED FOR S NOT QUALIFIED FOR ALIFIED, LIST DISQUA	SPECIALIST EX.	AMINATIONS	SINDICAT	TED (Spe	s)	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	•	-	;;;; 0	P.77	***	. B. F	HYSICAL B	H	E	
75. RECOMME 77. EXAMINEE A. A. S.	NDATIONS—FURTHER: (Check) IFIED FOR S NOT QUALIFIED FOR ALIFIED, LIST DISQUA	SPECIALIST EX.	AMINATIONS	SINDICAT	TED (Spe	s)		•		;;;; 0	\$*************************************	***	B. P	HYSICAL B	H	E	
75. RECOMME 77. EXAMINEE A. A. IS QUAL 78. IF NOT QU. 79. TYPED OR B. M.	NDATIONS—FURTHER: (Check) IFIED FOR NOT QUALIFIED FOR ALIFIED, LIST DISQUAL PRINTED NAME OF PH CHAUSER, M	SPECIALIST EX.	AMINATIONS CTS BY ITEM RGEON	SINDICAT	TED (Spe	s)	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	•	-	;;;; 0	177	***	. B. F	HYSICAL B	H	E	
75. RECOMME 77. EXAMINEE A. A. S. J. IS QUAL 48. J. IS NOT QU. 79. TYPED OR 80. TYPED OR 80. TYPED OR	NDATIONS—FURTHER: (Check) IFIED FOR S NOT QUALIFIED FOR ALIFIED, LIST DISQUA	SPECIALIST EX.	AMINATIONS CTS BY ITEM RGEON	T) O C	TED (Spe	s)	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	Sico	-	;;;; 0	1 da	***	B. P	HYSICAL B	H	E	
75. RECOMME 77. EXAMINEE A. A. S. IS QUAL 78. IF NOT QUA 79. TYPED OR 80. TYPED OR 81. TYPED OR	NDATIONS—FURTHER (Crieck) IFIED FOR S NOT QUALIFIED FOR ALIFIED, LIST DISQUARED CHAUSER MAME OF PHORE	SPECIALIST EX.	AMINATIONS CTS BY ITEM RGEON	S INDICATE OF THE STATE OF THE	TED (Spe	s)	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	SIG	SNATUŘÉ	;;;; 0	730	***	B. P	HYSICAL B	H	E	
75. RECOMME 77. EXAMINEE A. A. S. IS QUAL 78. IF NOT QUA 79. TYPED OR 80. TYPED OR 81. TYPED OR 31. TYPED OR	IFIED FOR ALIFIED FOR ALIFIED, LIST DISQUAL PRINTED NAME OF PHORES	SPECIALIST EX.	AMINATIONS CTS BY ITEM GEON	NUMBE	TED (Specific)	ecify)	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	SIG SIG	NATURE NATURE	;;;; 0		***	B. P	HYSICAL B	H CATEGOI	E RY	E
75. RECOMME 77. EXAMINEE A. A. IS QUAL 78. IF NOT QU. 79. TYPED OR 80. TYPED OR 81. TYPED OR 31. WISN	NDATIONS—FURTHER (Crieck) IFIED FOR S NOT QUALIFIED FOR ALIFIED, LIST DISQUARED CHAUSER MAME OF PHORE	SPECIALIST EX.	AMINATIONS CTS BY ITEM GEON	NUMBE	TED (Specific)	ecify)	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	SIG	NATURE NATURE	;;;; 0		***	B. P	HYSICAL B	CATEGOI C	E	E AT-

MEASUREMENTS AND OTHER FINDINGS

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to be the loss

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Nan	ne of Examinee	ANDER	son,	MERTON	R.
(Type or print)	Last		First	Middle
The	e following portions of the	e attached examin	ation report	form need not be co	ompleted:
	2	9	62	69	
	3	11	65	. 72	
	4	14	67	76	
	8	17	68		
46.	· Is necessary unless fa	cilities for affording	ng same are n	ot readily availabl	e .
48.	Not required unless ex	aminee is over 35	years of age	or examination ind	cates such is desirable.
49.	Is necessary unless fa	cilities for affordir	ng same are i	ot readily availabl	e .
71.		pplicants for the S	pecial Agent	position will not b	pecial Agent applicants be accepted if the hearing eech range (500, 1000,
For	All Examinees, Whethe	r Clerical or Speci	al Agent App	licants or Employe	es:
The	e medical examiner should	d answer the follo	wing questic	n:	
	Examinee X	is 🗌 is not qual	ified for stre	nuous physical exe	rtion.
To	be Answered in the Cas	e of All Male Empl	oyees and M	ale Applicants:	
1.	Does examinee have any dangerous assignments				n in defensive tactics and
ļ	No Yes If "yes	s" please specify o	defects		
2.	Does examinee have any	defects prohibiting	ng safe opera	tion of motor vehic	les?
	No Yes If "ye	s" please specify	defects	*** \$	· is
3.	For safe driving of motoleast 20/40 in one eye rective glasses while of the following states of the same of the sa	and 20/100 in the operating a motor v	other, corrected the corrected	ission requires dis ted or uncorrected. Ves 🔀 No	tant vision must test at Should examinee wear cor-
		67-	241	41/-	13

MRA

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135 cm Al	Large Frame 131 - 148
5' 5"	120 - 129	126 - 139	138 - 157
5'6"	124 - 133	130 - 1434N 2	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	i 152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216
I consider his prese	weight table, the examinee's nt weight Satisfactory	frame, and other individual p Excessive Defici uld lose pounds gain pounds	ent 3
	i (en trecht	· · · · · · · · · · · · · · · · · · ·	1;*
		Barry M.	Chausen

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i.	A				_						4	**		
Standa	rd Form 88	:		(* ^	7	•					
Bureau c	Iv. 1956) of the Budge	et			▼,	EDAD	TOE	MEDI	CAI	EYAM	INATI	ÓN		88-106
	A-32 (Rev.					EFOR	1 01	MEDI	CAL	EAMIN	HIMMII	O14		
/ 1./LAS	ST NAME-FI	RST NAI	ME-MIDDLE NA	ME						2. GRADE	AND COMP	PONENT OR POSIT	ION	3. IDENTIFICATION NO.
AND	TO QOM	M	ו איריים יו	>						CDE	YTÁT.	AGENT		**
4. HO	ME ADDRESS	Numb	ERTON I	D, cii	y or tow	n, zone an	d State)				SE OF EXAM			6. DATE OF EXAMINATION
1.34	O Wes	t S	ixth St	tre	eet									
			, Calii			,				ANT	TATI	PHYSICA	т.	4/12/68
7. ŠĖ		8. RÁCI		. 0.						10. AGEN		11. ORGANIZA		
	Į.			1		-		NT SERVICE		IO. AGEN		II. ORGANIZA		** *
Mal		Ca:	ac		MILITAI	RY 3 2	CIV	ILIAN .	L7		FBI			
12. DAT	TE OF BIRTH		13. PLACE OF	BIRT	i					14. NAME		SHIP, AND ADDRES		
											wire	- Lois		
7/2	1/20		Wiscon	าธ:	in I	ells	. Wi	sc.				Same	add	ress
	_ <u>-i</u>	ILITY O	R EXAMINER, AN							16. OTHE	R INFORMAT	TION		
II S	PITRT.	TC 1	HEALTH,	9	ne?	Pedr	o c	Alif				*	**	
	TING OR SPE			<u>, , , , , , , , , , , , , , , , , , , </u>	JOHL	rear	0, 0	8.4.4.1	<u> </u>	TIME IN T	HIS CAPACIT	ry (Total)		LAST SIX MONTHS
17. KA	IING OK SPE	CIALIT								I IIME IN II	NIS CAPACII	11 (10tat)		LASI SIX MONTHS
		 											· · · · · · · · · · · · · · · · · · ·	
			L EVALUATIO				NOTES.	(Describ	e every	abnorma	lity in de	tail. Enter pe	rtinent i	tem number before each ts if necessary.)
NOR- MAL	(Check e.	ach ite nter "I	m in approp VE" if not eve	riate alua	col- ted.)	ABNOR- MAL		commi	00		11011(70	4504	71141 01100	is in necessary.,
ı			CK. AND SCALP											
-	19. NOSE													
	20. SINUSES			·		 								
-														
$ \square$	21. MOUTH													•
	22. EARS—0	SENERAL	(Int. & ext. can acuity under ite	als) (. ns 70	Auditory and 71)									
7	23. DRUMS													
$\neg \neg$	24. EYES-0	SENERAL	(Visual acuity of under items 59,	nd re	fraction									
	25. OPHTHA			.,o a,,	<u></u>									
			ity and reaction)			 								
-					d mone.									
			TY (Associated p ments, nystag											
	28. LUNGS	AND CH	EST (Include bro	easts)										
	29. HEART	(Thrust	, size, rhythm, s	ound	8)									
	30. VASCUL	AR SYST	TEM (Varicositie	s, etc	7)									
	31. ABDOME	N AND	VISCERA (Inclue	le her	nia)									
-	32. ANUS AF	ND RECT	UM (Hemorrhoid. (Prostate, if	s, fist	ulae)									
	33. ENDOCR			indica	ited)									
	'	`	·			 .						ander •		
	34. G-U SY		184						•		•	·	• •	· ~ ·
_	35. UPPER	XTREM	ITIES (Strength, r	ange	o) 				_					
	36. FEET								-					
	37. LOWER	EXTREM	ITIES (Except feet (Strength, ra	nge of	motion)			•						, , , , , ,
$\neg \Box$			MUSCULOSKELET		-							$\mathcal{L}(\mathcal{L},\mathcal{L})$	$^3/A$:	451-126
-	39. IDENT(F	YING BO	DY MARKS, SCAF	RS, TA	ATTOOS							-	1 .4	
	40. SKIN, L											1	t * 1 +	11 26 200 - 9 1
\ ,			equilibrium tests v		:I 70\			مسرة مستجب				1 *	U Ar	n 20 800
						 	- 1	111	. ;	REC 13	2	\		
			pecify any persona				- /	٠.			⊶)
	43. PELVIC	(Female	es only) (Check i	tow o	lone)	1 1	وأنتحرص	4.1				الالكام	Sh.	1)
			VAGINAL		RECTAL		- 4 4 5 1 3	·			(Continu	ue in item 73)	VI*	
44. DEI	NTAL (<i>Place</i>	арргорі	riate symbols abo	ve or	below n	umber of i	pper and	lower teeth,	respection	ely.)		RÉMA	ARKS AND	ADDITIONAL DENTAL
	Restorable tee		10)			-Missing t			(6.		bridge, brad	ckets to	CTS AND E	NINEWOED
	Nonrestorable	icein	14 -	~		-Replaced	oy aenture	8		incl	lude.abutme	ents.		
R	X X	3	1/ X	6	7	8	9 10	11	12	13 14	15	√		
Ġ	32 31	30	29 28	27	26	25	24 23		21	20 19	18	17 F		
7 '	Ž, K	×	~ ∠0	21	40	۵	4-7 C	,	- 1	~ ×	10 14.	X T		
	<u>/~ </u>													
					- (1-7-)I			LABORATO	RY FINDI	~	·			
	INALYSIS: A.			工	.014							Place, date, film n		
B. ALBI		gat:				ROSCOPIC	2-4	Wbc.	,	USPH	o, orc	SAN PE	DKO •	CA _. # 76 19
C. SUG	ar Ne	gat:	ive		Rar	e Rbç	•			CHES	r x-ra	Y: Healt	hy Ch	est

45. URINALYSIS: A. SPECIFIC GRAVITY

B. ALBUMIN Negative

C. SUGAR Negative

47. SEROLOGY (Specify test used and result)

VDRL: Non-Reactive

D. MICROSCOPIC
Rare Rbc.

48. EKG
See
#73
46. CHEST X-RAY (Place, date, film number and result)

USPHS, OPC, SAN PEDRO, CA.# 76 19

CHEST X-RAY: Healthy Chest

50. OTHER TESTS
Hematology: Wbc. 6,400
Hemoglobin - 15.05 gms.

THE TURNE TO 66

MADO

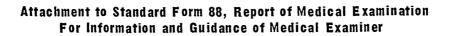
a K	1.8. 25	9					*	y			**				٠	
			·	М	EASURE	MENTS	AND O	THER	FINDIN	GS				'6' %)(0)	•
51. HEIGHT	52. WEIGHT		Scou		54. COL	OR EYES		5. BUILI		LÉNDER	<u> </u>	DIUM HEAV	الم مر	√)ÓBESE	56. TEMPERA	TURE
57.	BLOOD PRESSURE					/58.			,	\		irm at heart le	<u> </u>			
SITTING	YS///O B. RECUM- BENT	SYS.	STAND	ING 💳	YS.	A. SI	rting 68	_ [B. AFTER	EXERCISI 2	E C. 21	MIN, AFTER	D. RE	ÉÇÜMBENT	E: AFTER ST	ANDING
59.	DISTANT VISION		60.		1	REFRACT	ION				61.		N	EAR VISION	·	**
RIGHT 20/ /6	CORR, TO	20/	BY		s.			C	X			12 CORR	. TO		BY	
LEFT 20/ /6	CORR. TO	20/	BY		S.			0	Х			CORR	. то		BY	
62. HETEROPH	ORIA (Specify distance)									,					
ES°	EX°	R.	н.		L. H.		PRISM C				M CONV. CT			PC	PD	
63.	ACCOMMODATION		64. COI	LOR VIS	ion (Test	used an	d result)					RCEPTION d and score)		UNCORRE	CTED	
RIGHT	LEFT		10	10	Plat	کنه	01	7			1 605 1106	a ana score)		CORRECT	ĘQ.	
66. FIELD OF \	VISION		67. NIG	HT VISI	ON (Test 1	used and	score)			68. R	ED LENS	TEST		69. INTRA	ÓCULAR TENS	SION
70.	HEARING		71.			A	UDIOME	TER				72. PSYCHOI			HOMOTOR	
RIGHT WV	15/15 SV	20 /15		250 256	500 612	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	(20000 a	oco and	. 0.0107		
LEFT WV	15 /15 SV	20 /15	RIGHT													,
73. NOTES (C	ontinued) AND SIGNIFIC	ANT OR INTER	VAL HISTO	RY	1							1				

NO. 46 - Photocopy of EKG attached - no change from tracing of 4/67

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)		76.	A.	PHYSICA	L PROFIL	.E	
		P	U	L	н	E	s
W. EXPUNEE (Check) C. F. WILLIA Sen Pedro, Celif.			××]		
		~	N X				
To onaritied to second in the least of second in the least of the lea		raire.		HASICAT	S	RY	
78. IF NOT QUALIFIED. LIST DISQUALIFYING DEFECTS BY ITEM NUMBER		O. [*] S	120	_{iĝ} } J.G	·nc		E
JOHN L. OHMAN, M.D. SR. ASST. SURG.	SIGNATURE J. 3	200		***			
2010 Mast Corth (tract 80° TABED OK BUILD NAME OF BHASICIANA 1222. C.	SIGNATURE VI DH	XSIG.		/	11 /-	ं रें रहें	::-
817 TWEDFOR PRINTED NAME OF DENTIST CHIPMYSICIAN (Midicule which) G.D. TAYLOR, D.D.S.	SIGNATURE I V.C.	Tail	کور	d	Q.ZC	1	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE		,			BER OF HED SHE	



	e of Examinee	AND	ERSON,	MERTON	R.
	'ype or print)	lh = 0440 = 1 = 3	Last	First	Middle
тпе	following portions of	the attached exa	unination report to	rm neea not be comp	rerea:
	2	9	62	69	
	3	11	65	72	
	4	14	67	76	
	8	17	68		
46.	Is necessary unless	acilities for affo	ording same are no	t readily available.	
48.	Not required unless of	xaminee is over	35 years of age of	examination indicate	tes such is desirable.
49.	Is necessary unless:	facilities for affo	ording same are no	t readily available.	
71.	Audiometer examinate and Special Agents. loss exceeds a 15 de 2000 cycles).	Applicants for the	he Special Agent p	osition will not be a	accepted if the hearing
For	All Examinees, Wheth	er Clerical or Sp	ecial Agent Appli	cants or Employees:	
The	medical examiner sho	uld answer the f	ollowing question		
	Examinee 5	Įis □isnoto	qualified for strenu	ous physical exertic	on.
To b	e Answered in the Ca	se of All Male E	mployees and Mal	e Applicants:	
	Ooes examinee have a langerous assignment				n defensive tactics and
Ç	No □Yes If "y	es" please speci	ify defects.		
2. I	Does examinee have a	ny defects prohi	biting safe operati	on of motor vehicles	?;;+ \$6:
5	No Yes If "y	es" please spec	ify defects.	, ene	-+
l r	For safe driving of mo east 20/40 in one eye ective glasses while f recommendation is l	e and 20/100 in to a moto	he other, correcte r vehicle? Ye	d or uncorrected. Sh s √XNo	ould examinee wear cor-
_				7-511	1-1-

mag

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	196 C 139 AUMIN. (134 - 152
5'6"	124 - 133	130 - 145 B T	138 - 157
5'7"	128 - 137	ABR 3048 3 25 PM	69 143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216
I consider his presen Under proper medical	t weight Satisfactory	frame, and other individual pl Excessive Deficient Id Deficient gain pounds gain pounds	*
	VI D' .540I.3	1. bilci	<i>3</i> *

Standard Form 88 (Rev. June 1956)

SSN	:
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			00 44
			88-11

Bhangulai the Bud Circular A-22 (Re	get v.)	RE	PORT OF MEDICAL	EXAMINATION	BOB APPROVAL No. 80-R1	115 157
	IRST NAME-MIDDLE NAME		£ %	2. GRADE AND COMPONENT		_
ANDERSON	, MERTON R		*	SPECIAL AGENT	-	
	Number, street or RE			PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	_
1234 S. I	Broadmoor, Wes	st Covina	, Calif	ANNUAL	1 Apr 1969	
				, (10)		
7. SEX	8. RACE .	_ •	GOVERNMENT SERVICE	1	ORGANIZATION UNIT	
Male	Caucasian	MILITARY 3 2	CIVILIAN 18	FBI		
12. DATE OF BIRTH	13. PLACE OF BIRT	н			D ADDRESS OF NEXT OF KIN	
(48)			71 TY	Lois Anderson	(wile)	
21 Jul 1	920 Wis	sconsin D	ells, Wisc	Same as 4		
	CILITY OR EXAMINER, AND A			16. OTHER INFORMATION		
807 MED	GP (SAC) MARCI	AFB CAL	TR.	DAFSC: -		
17. RATING OR SPE	CIALTY			TIME IN THIS CAPACITY (Total	LAST SIX MONTHS	
	LINICAL EVALUATION		NOTES. (Describe ever	ry abnormality in detail Continue in item 73 and us	Enter pertinent item number before eacle additional sheets if necessary.)	3
NOR- (Check e	ach item in appropriat nter "NE" if not evalu	te col- ABNOR- ated.) MAL				
X 18. HEAD, F	FACE. NECK AND SCALP					
X 19. NOSE						
X 20. SINUSES	3					
22	AND THROAT					
X 22. EARS -	GENERAL (Int. & ext. cancle) acuty under items 7	(Auditory O and 71)				
22 ;	(Perforation)					
X 24. EYES-	GENERAL (Visual acuity and under items 59, 60 a	refraction ind 67)				
X 25 ОРНТИ	ALMOSCOPIC					
	(Equality and reaction)					
X 27. OCULAR	R MOTILITY (Associated paral ments, nystaorius	liel move-				
X 28. LUNGS	AND CHEST (Include breast	s)				
X 29. HEART	(Thrust, síze, rhythm, soun	ds)				
X 30. VASCUL	AR SYSTEM (Varicosities, el	tc.)				
X 31. ABDOM	EN AND VISCERA (Include h	ernia)		.		
X 32- ANUS A	ND RECTUM (Hemorrho-ds, 6)	stulae) cated)	32. Rect	al and prostate	normal	
	RINE SYSTEM					
X 34. G-U S	YSTEM					
X 35. UPPER	EXTREMITIES (Strength, rang	e of			17.	
X 36. FEET			ر ج مع			
X 37. LOWER	EXTREMITIES (Except feet) (Strength, range	of motron)	1-1	4	المنتسق	
X 38. SPINE.	OTHER MUSCULOSKELETAL				•	
X 39. IDENTI	FYING BODY MARKS, SCARS,	TATTOOS			_ ′	
X 40. SKIN, I	LYMPHATICS					
X 41. NEURO	LOGIC (Equilibrium tests unde	r 1lem 72)		• •	Sab	
X 42. PSYCH	ATRIC (Specify any personality	deration)	•	<u> </u>	N. C.	
43. PELVIC	(Females only) (Check how	done)	1.25	_		
-	□ VAGINAL □	RECTAL		(Continue in i	tem 73)	
44. DENTAL (Place	appropriate symbols above	or below number of	upper and lower teeth, respec	theel)	REMARKS AND ADDITIONAL BENTAL DEFECTS AND DISEASES	
O—Restorable te /—Nonrestorable		$\frac{X-Missing}{XXX-Replace}$.6 X×3 -Fixed bridge, brackets to include abit ments	DELECTO AND DIDERDED	
1—TAOM EVENTOR	ie (6011)	AAA-Keplate	is of news to	there was the tex	T 0 61- 1 0 -1:1	ce
i x 2x	$_{3}X$ $_{4}$ $_{5}$ X_{6}	X _{7 8}	9 10 11 12	₹8 14 15 16 ^X E	Exam 3 Class 1 Qualit	Tec
H 32 31	30 29 28 27	7 26 25	24 23 22 21	20 19 18 17 F X X X X T	ŧ	
ΥXX	X					
			LABORATORY FIRE	Dirids		
45. URMALYSIS- A	. Seecific Gravity	1	.015		ate, Am anaber and result)	
B. ALBUMIN	Neg	D M'CROSCOPIO			Lif 1 Apr 1969 14" x 17"	,
C. SUGAR	Neg	N	eg	Film 69-5308	Neg	
47. SEROLOGY (ST	pecify test used and result)	/8. EKG	49. BLOOD TYPE AND RH	50, OTHER TESTS	THE RESIDENCE OF THE PARTY OF T	_
VDRL	Neg	WNL	A POS	HEMAT 46%		
		र्य थ				

						M	EASURE	MENTS	S AND	OTHER	FINDIN	GS	\ \						
51. HEICHT	7	52. WEIGHT		53. C	DLOR MAIR	1	54. COL	OR EYES	s	55. Bull.E) [:	SLENDER	1 1 1 1	Mürci	HEAVY	OBE S	58	TEMP	PERATURE
68		164		1	Brow	n	В1	.ue		(Chark	one)		, ,	x :		1	1	98	.6
57.	BLO	OD PRESSURE	(Arm at	teart le	rel)	•	•	EG.			,	۲	ULSE (drn. al l	beart les	el)	· · · · · · · ·		
Α.	sys 14	. 1	SYS.	-	С	SY	s -	A SI	TTING	1 5	AFTER	EXERCISE	C 2	MIN. AF	TER	D. RECUMBE			
SITTING	dias, 8	8 RECUM-	DIAS.		STANDIN (3 min.		\s		80	1		-		-		-		3 MIN.	-
59.	DIS	TANT VISION			60.		1	REFRAC	TION				61.			NEAR VIS	ION		
RIGHT 20/	20	CORR. TO	201	_	BY	-	s.			C	X	-	,20	/40	CORR.	10 20/	20	ву	lenses
LEF 7 20/	20	CORR. TO	20;	700	BY	•	- \$.		_	C:	X	_	20	/100	COUR.	10 20/	20	BY	worn
62. HETERO	ophoria (S3	ecify distance)				1 1	-									***************************************		
ES°		EΧ°	-	R. H		-	L. H.	-	PRISM	.VIQ	-	хҳҳҳ	XXXV ct	x Or	tho	PC	-	į	PD -
63.	ACCO	MMODATION		-	64. COLC	R VISI	ON (Tref	uned as	rd result	?)	-			ERCEPTIO		Tunco	RRECTE	D.	-
RIGHT		LEFT			v	TS-	CV pa	isse	s			(:	Pest use	ed and se	cure)	CORR	EC ED	_	
ES. FIELD	OF VISION	*****			67. NIGH	T VISIO	N (Test 1	used and	d score)			68. R	ED LENS	TEST		, 69, IN	TRAOCU	LAR 7	TENSION
Nor	mal				·		-	•						-		7.5	Nor	ma þ	8.5 011
70.	HEA	RING			71.	ISO.	1964	!	MOIDUA	ETER		7				GICAL AND P		лотоя	l
RIGHT WV	. —	/!5 SV		/15		250 256	500 512	1000 1024	2000 2048	3000 289)	4000 4096	6000 6144	8000 819£						
LEFT WV		/15 SV		/15	RIGHT	-	20				45				-	•			
	-				LEFT	_	10	10	10	20	10	15	_						
RIGHT WV			CANT OD	/15	RIGHT	250	500 512 20	1000 1024) 15	2000 2048 1.0	3000	4099	55	8000					ЛОТОБ	

EXAMINEE DENIES ALL SIGNIFICANT INTERVAL HISTORY SINCE LAST PE

(Use additional sheets if necessary)

61. Defective visual acuity, correctable.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76.	A	. PHYSIC	AL PROFIL	E	
_	Р	U	L	н	E	S
77. EXAMINEE (Check) A. [X] IS QUALIFIED FOR (IS) FBI ANNUAL B IS NOT QUALIFIED FOR		В.	PHYSICAL	. CATEGOI	RY	1
78. IF NOT QUALIFIED. LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	1 Ô	-	В	С		E
79. TYPED OR PRINTED NAME OF PHYSICIAN JOHN E. GREENE, CAPT, USAF, MC	hu 5)	1/2	ll		l	
60. TYPED OR PRINTED NAME OF PHYSICIAN SIGNATURE						
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) SIGNATURE				* ***********		
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY- , SIGNATURE					BER OF IED SHE	

^{74.} SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

	ne of Examinee	ANDERSON,		MERTON First	R.
	Type or print) c following portions of the a	Last	roport for		
1110	s following politions of the a	ittached examination	r report for	m need not be com	precea.
	2	9	62	69	
	3	11	65	72	•
	4	14	67	76	
	8	17	68		
45,	46 and 47. Required for a examining physician deem are required in examination	s one, two or all thre	ee of the e		
48.	Not required unless exami	nee is over 35 years	of age or	examination indica	ates such is desirable.
49.	Is necessary unless facili	ties for affording sa	me are not	readily available.	
71.	Audiometer examinations and Special Agents. Appl loss exceeds a 15 decibel 2000 cycles).	icants for the Specia	al Agent po	sition will not be	accepted if the hearing
For	All Examinees, Whether Cl	lerical or Special Ag	ent Applic	ants or Employees	:
The	medical examiner should a	inswer the following	question:		
	Examinee 🔀 is	is not qualified	for strenuc	ous physical exerti	on.
To	be Answered in the Case of	f All Male Employee	s and Male	Applicants:	
	Does examinee have any de dangerous assignments whi				in defensive tactics and
Ì	No ☐ Yes If "yes" p	lease specify defec	ts		
2.	Does examinee have any de	efects prohibiting sa	fe operatio	n of motor vehicle	s?
	▼No □ Yes If "yes" p	please specify defec	ets		
	For safe driving of motor voleast 20/40 in one eye and rective glasses while operalf recommendation is based	20/100 in the other ating a motor vehicle	, corrected e? 🔲 Yes	or uncorrected. S	hould examinee wear cor-
	67-	24145		/ :-	

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	REC'N ADMN 138= 1577
5'7"	128 - 137	134 - 148	143 - 162 1 143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient
6.	Under proper medical supervision, employee should lose pounds
	gainpounds
Re	marks:

D:::::

CAPT. JOHN E. GREENS
FV 3203297
807 Medical Group
March AFE, Calif 92509
Signature of Medical Examiner

(Rev. June 1956) Burbau of the Budget	REPORT OF MEDICA	AL EXAMINATION	88-108
Circular A-32 (Rev.) 1. LAST NAME—FIRST NAME—MIDDLE N	AME '	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
ANDERSON, MERTON		SPECIAL AGENT	
4. HOME ADDRESS (Number, street or R.	FD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
ll000 Wilshire B			
Los Angeles, Cal	ifornia	ANNUAL PHYSICAL	4/7/70
7. SEX 8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE	10. AGENCY 11. ORGANIZATION U	TINIT
Male Cauc	MILITARY 3 CIVILIAN 19	BI	***
12. DATE OF BIRTH ' .13. PLACE OF	BIRTH \ \ \ \ \	14. NAME, RELATIONSHIP, AND ADDRESS OF I	
7/07/00		Wife - Lois Ander	
	onsin Dells, Wisc.	Same as #1	<u> </u>
15. EXAMINING FACILITY OR EXAMINER, A		16. OTHER INFORMATION	
17. RATING OR SPECIALTY	H, San Pedro, Calif.	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
17. RATING OR SPECIALTY		I'me in THIS CAPACITY (1000)	LAST SIX MONTHS
OLIMICAL EVALUATION	ON DOCTES (Describe	every abnormality in detail. Enter pertine	4 /40
NOR- (Check each item in appromatic man); enter "NE" if not e		Continue in item 73 and use additional si	heets if necessary.)
MAL umn; enter "NE" if not e			
19. NOSE	·		
20. SINUSES			
21. MOUTH AND THROAT			
22. EARS—GENERAL (Int. & ext. ca	inals) (Auditory		
23. DRUMS (Perforation)	iona vo dad viv		
24. EYES—GENERAL (Visual acuity under items 65	and refraction		
25. OPHTHALMOSCOPIC	X		
26. PUPILS (Equality and reaction	n)		
27. OCULAR MOTILITY (Associated ments, nysto	parallel move- nomus)		
28. LUNGS AND CHEST (Include b	reasts)		
29. HEART (Thrust, size, rhythm,	sounds)		
30. VASCULAR SYSTEM (Varicosit	ies, etc.)		
31. ABDOMEN AND VISCERA (Incl.			
32. ANUS AND RECTUM (Hemorrho)			
33. ENDOCRINE SYSTEM	REC.	- 107- 77-17-1	. /2/
34. G-U SYSTEM	rangi of	53	131
35. UPPER EXTREMITIES (Strength, motion)	. Tunge 6)	33 67- Note Note 197	
37. LOWER EXTREMITIES (Except for (Strength.)	set)	MAY 6 197	70
38. SPINE, OTHER MUSCULOSKELE			. 71
39. IDENTIFYING BODY MARKS, SC.		15this	
40. SKIN, LYMPHATICS		A Hickory	
41. NEUROLÖGIC (Equilibrium,tests	under item 72)		
42. PSYCHIATRIC (Specify any person			
43. PELVIC (Females only) (Check	k how done)		
VAGINA	L RECTAL	(Continue in item 73)	
	bove or below number of upper and lower teeth, res	pectively.) REMARKS A	ND ADDITIONAL DENTAL
O—Restorable teeth 1—Nonrestorable teeth	X-Missing teeth $XXX-R$ eplaced by dentures	(6X8)—Fixed bridge, brackets to include abutments	ID DISEASES
RY YOX	X X	With include doduments	las a trong invelous
1 1 2 3 4 5	6 7 8 9 10 11 11	- JF 16/ 'F	M. M
G H 32 31 30 29 28	27 26 25 24 23 22 2		
<u> </u>	<u>.</u>	7 N 30 - 1	;
	1.022 LABORATORY		
45. URINALYSIS: A. SPECIFIC GRAVITY B. ALBUMIN Neg.	D. MICROSCOPIC 1-2 WBC.	46. CHEST X:RAY (Place, date, film number Essentially normal c	
c. sugar Neg	Sl.amt.of amorph.ura	te beschilarly normal c	nese, no enange.
47. SEROLOGY (Specify test used and resu		. , <u></u>	
Non-reactive	WNL FACTOR	WBC 7650 Hemog	lobin 15.3
· A BALL LONG			
161 AN 111 1 111 111 111 1111	5 15 15 1		

+ + + + + + + + + + + + + + + + + + + +		1,51	FACIIDE	MENTO	AND	OTHER	FINDING	26	-							
.58 165	OLOR HA			OR, EYES	. !	55. BUILD	,, ,, S	LENDER	ME	Ding	-HĘAV	Υ	OBEȘE	56. TEMI	PERATURE	:
57. BLOOD PRESSURE (Arm at heart;	epel):	34 - 5	\$3749	58; *	ora: *	Na.		ρί	JLSE (A	1rm at	heart le	vel)				
A. SYS. // B. SYS. RECUMBENT DIAS.	STANDI (3 min	ING DIA	. 7	A SI	ITING	<i>f</i> B	AFTER	EXERCISE O	C, 2 1	MIN.YAF	TER ~	(D.)RE	CUMBENT	E. AFTER 3 MIN	R STÁNDIN	G
59. DISTANT VISION	' 6Ô.			REFRACT	ION				61.			NI	EAR VISIO	i		
RIGHT 20/ /6 CORR. TO 20/	BY		S.			, c)		3,4	بح	<u>]z</u>	CORR.	то	بار	ВY	glas	sea
LEFT 20/ CORR. TO 20/	BY		S.			c>		. 14	<u> </u>	<u>J3</u>	ÇORR.	то	ال	BY	Glas	sea
62. HETEROPHORIA (Specify distance) ES° EX° - R. 1	i. Ir		L. H.		PRISM	DIV.	•		رمر I CONV. CT		,		PC		<i>O</i> PD	
63. ACCOMMODATION	64., CO1	OR VISIO	ON (Test	used an	d result	')		65. DE	PTH PE Test use	RCEPT	ION		UNCORRI	CTED		
RIGHT LEFT	6	<u> </u>	Bl	alex	<u></u>	OK	•	(,		u unu .	30076)		CORRECT	TED		
66, FIELD OF VISION	67. NIG	HT VISIO	ON (Test	used and	! score)			68. RE	D LENS	TEST			69. INTR	AOCULAR '	TENSION	
70. HEARING	71.			A	UDIOME	ETER				72. P	SYCHOL	OGICAL	AND PSY	СНОМОТО	R	
RIGHT WV / 6. 115 SV 20-115		250· 256	- 500 δ12	1000 1024	2000 2048	- 3000. 2896	. 4000 4096	6000 6144	8000 8192		1 6818 112	seu uni	81:010)			
LEFT WV /5 /15 SV go /15	RIGHT							•								
73. NOTES (Continued) AND SIGNIFICANT OR INTERV	AL HISTO	RY		1		1		<u> </u>		٠						
*													ı	,		
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ч																
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•		,														
•		ŕ														
*																
,							•									
•																
•		`	(Use	addition	al sheet	ts if neces	ary)									
74. SUMMARY OF DEFECTS AND DIAGNOSES (List die	ignoses w	ith item				· · · · · · · · · · · · · · · · · · ·										
and the soulf	1		7	9												
	•															
		-		٠		*	-									
75. RECOMMENDATIONS—FURTHER SPECIALIST EXAM	IINATIONS	INDICA.	TED / 500	ecife()	-					76.	-		nuvcio	200511		—
75. RECOMMENDATIONS—FURTIFIER SPECIALIST EXAM	IUNE	MUICA	ieu (ope	~1997						70. P	U		PHYSICAL I		E S	
										├	 -	-	-			
THE EXAMINEE (Check)	, , ,	*								 	, k.,				l	
is qualified for		• •		. •	•						•	B DL	YSICAL C	TEGODY		
B IS NOT QUALIFIED FOR				٠,."	•					-	••	ъ. г	I I SICAL CA	(IEGONI	•	
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS	BY ITEM	NUMBE	R	•				· -	1	 	A H	ا تَوْ سَمِي	в	С	E	
NORMAN M. PANITCH, MD SA		1	••				•	1	ا معمد المراجع المعمد المعرفة المراجع	-	7//	1	1112	11	 -	
79. TYPED OR PRINTED NAME OF PHYSICIAN	~(1\)	• • •		:	hja*	Sic	NATURĘ	[H]	A.	17.7		1 6	HAR.	A CONTRACTOR OF THE PARTY OF TH	1	
80. TYPÉD OR PRINTED NAME OF PHYSICIAN	•					siġ	NATURE						t t			
81. TYPED OR PRINTED NAME OF DENTISTOR PHYCIC			ich)			Ste	NATURE.	al	//	/		1		2.0.	0/1	
DONALD R. GRIFFITH, SAD			UTHORIT	ΓY		sig	NATURE	<i>M</i> .	XI.	M	X	1	<u>, 0</u>	NUMBER	(U	de
		*	_	٠										TACHED	SHEETS	

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

	a	A 7.T.T.	TTD CON	ALEXPORANT	
	ne of Examinee Type or print)	Lo	ist	First	Middle
The	following portions of	of the attached exam	ination report fo	orm need not be comp	leted:
	3	9	62	69	
	4	11	65	72	
	8	14	67	76	
		` 17	68		
45,	any other applicant	unless the examinin	g physician dee	ational Academy app ms one, two, three or examination of any co	all four of the
48.	Not required unless	examinee is over 3	5 years of age o	r examination indicat	es such is desirable.
	and Special Agents.	Applicants for the	Special Agent	possible for all Speci position will not be a conversational speec	ccepted if the hearing
For	All Examinees, Whe	ther Clerical or Spe	cial Agent Appl	icants or Employees:	
The	medical examiner sl	nould answer the fo	lowing question	:	
	Examinee	🔊 is 🗆 is not qu	alified for stren	uous physical exertic	on.
To	bé Answered in the (Case of All Male En	ployees and Ma	le Applicants:	
	Does examinee have dangerous assignmen				n defensive tactics and
/	No ☐ Yes If '	yes" please specif	y defects.		
C	7 –	-			
2.	つ		_	ion of motor vehicles	
_		.			
	least 20/40 in one e rective glasses whil	ye and 20/100 in th e operating a motor	e other, correcte vehicle? Y		ould examinee wear cor-
	11 recommendation is	naseu on a ractor (Julet utali above	stanuaru, murcate D	wo10
	-	<u> </u>		1	
		······································		(- / - //	/

Desirable Weight Ranges for Males Medium Frame Height Small Frame Large Frame 5'4" 123 - <u>1</u>35 117 - 125, 131 - 148 ·5' 5" 120 - 129 134 - 152 5'6" 124 - 133 130 - 143 138 - 157 5'7" 128 - 137 134 - 148 143 - 162 5'8" 132 - 141 147 - 166 138 - 152 5'9" 136 - 146 142 - 156 151 - 170 5'10" -··· 140 - 150 146 = 161 155 - 175 5'11" 144 - 154 150 - 166 160 - 180 6' 148 - 158 154 - 171 164 - 185 6'1" 152 - 163 158 - 176 169 - 190 6'2" 156 - 167 163 - 181 174 - 195 6'3" 160 - 171 168 - 186 178 - 200 6'4" 169 - 180 178 - 196 188 - 210 6'5" 174 - 185 182 - 202192 - 216

4.	Examinee's frame is small medium large
5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight satisfactory Excessive Deficient
6.	Under proper medical supervision, employee should lose pounds
	gainpounds
Re	marks:



Standard Form 88 d April 1968 General Services Administration REPORT OF MEDICAL EXAMINATION Interagency Comm on Medical Records FPMR 101-11 80@-3 2 GRADE AND COMPONENT OR POSITION 3 IDENTIFICATION NO /1 LAST NAME-FIRST NAME-MIDDLE NAME SPECIAL AGENT ANDERSON, MERTON 5 PURPOSE OF EXAMINATION 6 DATE OF EXAMINATION 4 HOME ADDRESS (Number, street or RFD, city or town State and ZIP Code) S. BROADMOOR AVENUE ÀNNUAL 5 APRIL PHYSICAL 71 W. COVINA. CALIFORNIA 10 AGENCY 11 ORGANIZATION UNIT 7 SEX 8 RACE 9 TOTAL YEARS GOVERNMENT SERVICE Male Caucasian MILITARY 3 Yrs/2 CIVILIAN 12 DATE OF BIRTH 50 13 PLACE OF BIRTH 14 NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF, KIN (WIFE) MOIS ANDERSON 7/21/ 20 # Same as line WISCONSIN DELLS, WISC 15 EXAMINING FACILITY OR EXAMINER, AND ADDRESS 16 OTHER INFORMATION AFB, CALIF HOSPITAL ,MARCH USAF REGIONAL TIME IN THIS CAPACITY (Total) LAST SIX MONTHS 17 RATING OR SPECIALTY CLINICAL EVALUATION (Describe every abnormality in detail Enter pertinent item number before each comment Continue in item 73 and use additional sheets if necessary) NOTES (Check each item in appropriate umn enter "NE" if not evaluate x 18 HEAD, FACE, NECK, AND SCALP X 19 NOSE x 20 SINUSES 21. CHLD ${
m TE}$ X 21 MOUTH AND THROAT 22 EARS-GENERAL (Int & ext canals) (Auduory acuty under items 70 and 71) x X, 23 DRUMS (Perforation) 24 EYES-GENERAL (Visual acuity and refraction under items 59 60 and 67) \mathbf{x} X 25 OPHTHALMOSCOPIC X 26 PUPILS (Equality and reaction) 27 OCULAR MOTILITY (Associated parallel move ments nystagmus) $\overline{\mathbf{x}}$ $\overline{\mathbf{x}}$ 28 LUNGS AND CHEST (Include breasts) \mathbf{x} 29 HEART (Thrust, size, rhythm, sounds) X 30 VASCULAR SYSTEM (Varicosities, etc.) X 31 ABDOMEN AND VISCERA (Include hernia) 32 ANUS AND RECTUM (Hemorrhoids fistulae) (Prostate if indicated) \mathbf{x} x 33 ENDOCRINE SYSTEM x 34 GU SYSTEM 35 UPPER EXTREMITIES (Strength, range of motion) \mathbf{x} x Searched $\overline{\mathbf{x}}$ 37 LOWER EXTREMITIES (Except feet) (Strength range of motion, JUL 13 1971 x 38 SPINE, OTHER MUSCULOSKELETAL ENCLOSURE x 39 IDENTIFYING BODY MARKS, SCARS, TATTOOS x 40 SKIN, LYMPHATICS $\overline{\mathbf{x}}$ 41 NEUROLOGIC (Equilibrium tests under item 72) x 42 PSYCHIATRIC(Specify any personality deviation) 43 PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL (Continue in item 73) 44 DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth) REMARKS AND ADDITIONAL DENTAL DEEECTS AND DISEASES EXAM TYPE 3 CLASS x 3 Replaced Fixed Partial Nonrestorable teeth Restorable Missing 31 30 32 by dentures 32 31 31 30 denture 31 30 30 QUAL ¥πε¦ Хε ıΧ 15 10 12 23 22: LABORATORY FINDINGS 45 URINALYSIS A SPECIFIC GRAVITY 1.009 46 CHEST X RAY (Place, date, film number and result) 14x 17 B ALBUMIN Neg D MICROSCOPIC C SUGAR Neg MARCH AFB Ca. 4/5/71Film # 1178 47 SEROLOGY (Specify test used and result) 49 BLOOD TYPE AND RH 50 OTHER TESTS FACTOR

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75, RECOMA	AENDATIONS.	FURTHER SPEC	IALIST EX	AMINA	FIONS IND	CATED	(Specify	')						76,	A. 1	PHYSICAL	PROFILI		
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MEASUREMENTS AND OTHER FINDINGS

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

	ne of Examinee Type or print)	AN	DERSON,	MERTO N First	R. Middle		
		of the attached ex		rm need not be comp			
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	3	9	62	69 79			
	4 8	11	65 67	72 76			
	O	14 17	68	70			
		11	00				
45,	any other applicant	unless the examin	ning physician deer	ntional Academy app ns one, two, three or xamination of any cu	all four of the		
48.	Not required unless	examinee is over	35 years of age or	examination indicat	es such is desirable.		
71.	71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).						
For	All Examinees, Whe	ther Clerical or S	pecial Agent Appli	cants or Employees:			
The	e medical examiner s	hould answer the	following question:				
	Examinee	is is not	qualified for strenu	ous physical exertio	n.		
Τo	be Answered in the	Case of All Male	Employees and Mal	e Applicants:			
	Does examinee have dangerous assignmen			=	n defensive tactics and		
1	No Yes If	"yes" please spec	eify defects				
2.	Does examinee have	any defects proh	ibiting safe operati	on of motor vehicles	?		
	No □ Yes If	"yes" please spe	cify defects.				
3.	least 20/40 in one erective glasses while	eye and 20/100 in le operating a mot	the other, corrected or vehicle? Year other than above	d or uncorrected. Sh s 🖰 No	t vision must test at ould examinee wear corasis		
-		(and	:	0115-1	<i>/</i>		

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Desirable Weight Ranges for Males

		- Try willy,	
Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125 16 3	1 123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4.	Examinee's frame is small medium targe					
5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient					
6.	Under proper medical supervision, employee should 🖂 lose pounds					
	gainpounds					
Re	marks:					

Signature of Medical Examiner

7/2/7

Date

FD-277 (Rev. 3-6-63) OPTIONAL FORM NO. 10 MAY 1962 EDITION -GSA GEN., REG., NO. 27

,5010-106

UNITED STATES GOVERNMENT

Memorandum

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: Director, FBI

7/7/71 DATE:

FROM AC, Los Angeles

Attention: Personnel Section

SUBJECT: MERTON R. ANDERSON, SA Physical Examination

Remylet _____

ReBulet	
Re physical examination	
(date) (name of person giving instruction)	
only when wearing the necessary glasses. Results of chest X ray patch test urinalysis serology Enclosed physician's statement indicates he is qualified for strenuous Enclosed are paid unpaid medical bills. Attached are Bureau of Employees' Compensation forms	s physical exertion and use of firearms.
Market Physical examination reports are enclosed. Employee is scheduled for physical examination on Physical examination report has been reviewed and initialed. Employee returned to active duty Employee's physical condition is UACB he is being removed from limited duty. UACB he is being placed on limited duty.	<i>,</i>

Remarks:

Report received Los Angels office this date.

er hot RECORDED-2

Apple to A MAN

December 27, 1971

Bureau of Employees' Compensation United States Department of Labor

Box 36022 450 Golden Gate Avenue San Francisco, California 94102

Your File No. Date of Injury

Merton R. Anderson (Name)

ien	tlemen:
	Reference is made to your letter dated
¥	Enclosed are compensation forms and/or other information (indicated below), relative to injuries or diseases incurred by the abovenamed employee of this Bureau.
	CA-les CA-2es
	The desired information is being obtained and will be furnished to your agency within the near future.
	The following information is enclosed:

MAILED 12

DEC 28 1971

FRI

Very truly yours,

n Edgar Hoover

Enc.(4)
1 - SAC, Los Angeles (Personal Attention). See note page #2.

(4) M DE 100/1 C4 Mergery.

Letter to Bureau of Employees' Compensation Note to SAC, Los Angeles (Personal Attention). RE: Merton R. Anderson

Advise Bureau if SA intends to take civil action against third party. Insure SA does not sign a release without approval from Miss Sofia P. Petters, Assistant Counsel for Employees' Compensation, Office of the Solicitor, United States Department of Labor, Washington, D. C. 20210. In addition, the Bureau should be advised every 60 days; unless, of course, more frequent correspondence is necessary. Also, on compensation form CA-2 item #34 was changed to yes. Correct your copy.

Memorandum

TO : Director, FBI	DATE:	12/20	0/71
FROM: SAC, Los Angeles	Atten	tion: Perso	onnel Section
SUBJECT: SA MERTON R. ANDERSON COMPENSATION MATTER			
Remylet	•		
Re physical examination Dental work was completed on Vision has been corrected to (date) (name of person giving i			loyee specifically instructed e can operate a Bureau car
(date) (name of person giving i only when wearing the necessary glasses. Results of chest X ray patch test urinalysi Enclosed physician's statement indicates he is qualified Enclosed are paid unpaid medical bills. Attached are Bureau of Employees' Compensation forms	is serolo; ed for strenuc	gy were negous physica	gative. al exertion and use of firearms.
Physical examination reports are enclosed. Employee is scheduled for physical examination on			
Physical examination report has been reviewed and init Employee returned to active duty Employee's physical condition is UACB he is being removed from limited duty.		•	
UACB he is being placed on limited duty.			67-STOT DECORDED
Remarks: Bule NeCA	£ 6 BE -13+ C	1 4-2'S	<i>*</i>

1 - Bureau (Encs. 4) ENCLOSURF 2 - Los Angeles 2 Let rap (1 - 66-4907) /2-27-71 /cea (3)

M. Berry

U.S. DEPARTMENT OF LABOR Bureau of Employees' Compensation

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE (Under the Federal Employees' Compensation Act)

INSTRUCTIONS

This form should be completed by the injured employee or someone on his behalf whenever an injury is sustained in the performance of duty and given to his immediate superior within 48 hours. It should be placed in the employee's official personnel file unless the injury causes disability for work beyond the day when it occurred; is likely to result in prolonged treatment or permanent disability; or in a charge for medical or related expenses when it should be forwarded to this Bureau with Form CA-2, Official Superior's Report of Injury. This form is also completed whenever an employee believes he suffers from a disease related to his employment. (See Sections 1.2, 1.3, 2.2 and 2.3 of the Bureau's Regulations.)

The immediate superior should also complete the reverse side of this form.	
1. NAME OF INJURED EMPLOYEE (Last, first, middle)	2. DATE OF THIS NOTICE (Mo., day, yr.)
Andersôn, Merton Roger	Dec. 17, 1971
3. PLACE OF EMPLOYMENT (Name and location of office or establishment)	4. DATE OF INJURY (Mo., day, yr.)
Federal Bureau of Investigation, Los Angeles, California	Dec. 17, 1971
5. OCCUPATION	6. HOUR OF INJURY (a.m. or p.m.)
Special Agent	10:00 A.M.
7. PLACE OR LOCATION WHERE INJURY OCCURRED	
	. 1
8. CAUSE OF INJURY (Describe how and why injury occurred)	
I came to	to interview Mrs. Gloria
May McCann in connection with an official matt	er. Mrs. McCann had
restrained her dog by placing him on a leash.	I bent down to pat the
dog on the head and he bit me, breaking the sk and larger fingers of the left hand.	in on the forefinger
9. NATURE OF INJURY (Name part of body affected-fractured left leg, bruised right thumb, etc.)	
Iscarotions on forestimum	
Lacerations on forefinger and large fingers o	f left hand.
10. NAMES OF WITNESSES TO INJURY	
Mrs. Govia May Mc Cann,	
11. IF THIS NOTICE WAS NOT GIVEN WITHIN 48 HOURS AFTER THE INJURY, EXPLAIN REASON FOR DELAY. IF EARL WHEN AND TO WHOM.	IER NOTICE WAS GIVEN, VERBAL OR WRITTEN, STATE
Notice given to immediate supervisor, NIC	HOLAS MC GAHAN, JR., at
approximately 11:00 A.M., 12/17/71.	

I certify that the injury described above was sustained in the performance of my duties as an employee of the U.S. Government and that it was not caused by my willful misconduct, intention to bring about the injury or death of myself, or another, nor by my intoxication. I hereby make claim for compensation and medical treatment to which I may be entitled by reason of this injury.

13. HOME ADDRESS OF INJURED EMPLOYEE

12. SIGNATUR

1234 S. Broadmoor Ave. West Covina. · California

The immediate superior should submit a statement and secure statements of witnesses where possible. The statements should tell just what each personally knows about the injury, and how and when such knowledge was obtained. 14. DATE CA-1 RECEIVED BY AGENCY (Mo., day, yr.) 15. CA-1 RECEIVED BY WHOM 12/17/71 Nicholas Mc Gahan, Jr. 16. STATEMENT OF IMMEDIATE SUPERIOR At approximately 11:00 asm. 12/17/71 MERTON R. ANDERSON advised me that during the course of an official investigation he was bitten by a dog on the left hand. ANDERSON was instructed by me to obtain medical care and report to the office nurse upon his arrival back in the office. The injury did not cause ANDERSON to be away from his official duties for leave purposes. 17. SIGNATURE OF IMMEDIATE SUPERIOR 19. STATEMENT OF WITNESS 21. DATE (Mo., day, yr.) 20. SIGNATURE OF WITNESS 22. STATEMENT OF WITNESS 23. SIGNATURE OF WITNESS 24. DATE (Mo., day, yr.)

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to U. S. DEPARTMENT OF LABOR, BURSAU of EMPLOYEES' COMPENSATION, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred of results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. I.]

***************************************		The state of the s
Place of	3.	Department Justice 2. Bureau or office Federal Bureau of Investigat (Army, Navu, etc.) Place of employment FBT Office , Los Angeles, Marigation, etc.) California
employment	4.	Reporting office FBI Office, Los Angeles, California (State). (Cocation of reporting office or division headquarters)
	5.	(Location of reporting office or division headquarters) Name of superintendent or foreman in charge when injury occurred Wesley G. Grapp
	1Ò.	Name of injured employee Merton R. Anderson 7. Age 51. 8. Sex M 9. Citizenship U. S. Home address 1234 S. Broadmoor Ave., West Covina, California 91790
	11.	Occupation and division Special Agent, FBI, Los Angeles 12. Was employee doing his regular work? Yes If not, what work? NA Total length of service with the Government as a civilian?
The injured		
employee		How long at present work in this establishment? 16½ years Dates of other injuries None************************************
.,,	"	Dates of other injuries None************************************
:		Rate of pay on date of injury, \$ 22,999 per annum and subsistence valued at \$ dna*** per dna** and quarters valued at \$ dna*** per **** And quarters valued at \$ dna***
A .		Employee begins work at 8:15 A m. 18. Regular day's work ends 5:00 P
	-	b6 :
•	21.	Place where injury occurred in the Los Angeles Field Division. b7c
	22.	Date of injury December 17, 19 1; day of week Friday; hour of day 10 Am
	23.	Date employee stopped work none iday of week none hour of day none
	24.	Date employee's pay stopped none, is ; day of week none; hour of day none; hour of day none; and none; hour of day none; hour of
	25.	Has employee returned to work?
	26.	Will employee receive pay for any portion of above absence on account of ***********************************
		He continued (Green Wilth) his duties and tob6
		(c) Any other reason no time off(Gfrent work************************************
	27.	Describe in full how injury occurred He entered the restaurate at to interview Mrs. Gloria May Mc Cann
		on official business. She had the dog restrained on a leash. As he bent down to pat the dog on the head the dog bit him, on forefinger and large finger of left hand.
•	28.	State part of body injured and nature and extent of injury Breakage of skin and laceration on forefinger and large fingers of left hand.************************************
The injury	29.	Did injury cause loss of any member or part of member? <u>no</u> If so, describe exactly <u>dna******</u> *****************************
•	30.	Was employee injured while in performance of duty? Yes If not, or in doubt, give detailed statement *** dna********************************

	31.	Was injury caused by: (a) Willful misconduct of the employee? NO (b) Intention of employee to bring about injury or death
		of himself or another? <u>no</u> (c) Employee's intoxication? <u>no************************************</u>
		Was written notice of injury given within 48 hours? 11 not, did immediate superior have actual disastation of the actual d
	99	knowledge of injury?(Answer to question: 5, Form C. A. 1, must be complete if notice was not given within 18 hours) Names and addresses of witnesses to injury
	JU.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
•		**************************************

	34.	(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form) Was injury caused by a third party other than a Government employee or agency? Yes本本本本本本本本本本本本本本本本本本本本本
		employee been instructed in procedure under the Bureau's regulations? (A detailed statement should be forwarded with this report)
	35.	Name and address of physician who first attended case Dr. Sam Cooper, 166 S. Alvarado,
		How soon after injury? Within 2 hours. Los Angeles, California He was not sent to
		To what hospital sent? the hospital************************************
k		Heine and address of physician for description
Signed this	 	7th day of December 1971 WESLEY G. GRUPP BI, Los Angeles, California Special Agent in Charge
C. A. 2 December 1961		(OVER)

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	day of _	· _ ·	···, 19		** ~	•-
		· · ·			(Signature of witness	s) · · ·
Signed this	day of _	***				-
Signed this		RNMEŅT MI	EDICAL OFF	* * * * * * * * * * * * * * * * * * * *		-
Signed this	day of _	RNMEŅT MI		* * * * * * * * * * * * * * * * * * * *	PHYSICIAN	-
Signed this	NT OF GOVE	RNMEŅT MI	EDICAL OFF	SE	PHYSICIAN	WHO F
Signed this STATEME	NT OF GOVE	RNMENT MI	EDICAL OFF	SE wa	PHYSICIAN	WHO F
STATEME. I CERTIFY to	NT OF GOVE	RNMENT MI EX (Name of em	EDICAL OFF	SE wa	PHYSICIAN s given first-aid tre	WHO F.
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Signed this STATEME I CERTIFY the condition will be conditionally will be conditionally will be conditionally with the conditional condi	NT OF GOVE	RNMENT MI (Name of sm 19, at	EDICAL OFF AMINED CA ployee) m., and In	SE was or was not) my opinion disa	PHYSICIAN s given first-aid tre disabled for work bility	WHO Fraction of examinent, or examinent, or examinent, or examinent and the examinent of th
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STATEME I CERTIFY the condisability will be conditionally with the conditional conditions and the conditional conditions are conditionally with the conditional conditions.	NT OF GOVE	(Name of sm., 19, 19, 19	EDICAL OFF	wa Vas or wae not) my opinion disa	PHYSICIAN s given first-aid tre disabled for work. bility (Was or wa	WHO Francisco atment, or examinent, or examinent, or examined at the control of t
Signed this STATEME: I CERTIFY the concentration will be concentration. Nature of injure the concentration in the concentration is a second concentration.	NT OF GOVE	(Name of em., 19, 19, 19	EDICAL OFF AMINED CA ployee) m., and In Will return for	Was or was not) my opinion disa	PHYSICIAN s given first-aid tre disabled for work. bility	WHO Fratment, or examinent, or examinent, or examinent, or examinent and the control of the cont
Signed this STATEME I CERTIFY the condisability will be conditionally with the condition of injure the condition of the con	NT OF GOVE	RNMENT MI EX (Name of em, 19, 19, 19	eDICAL OFF AMINED CA ployee) m., and In www.	wa was or was not) my opinion disa was was was was further treatment isposition	s given first-aid tred disabled for work. (Was or was the work of was the wor	WHO F.
Signed this STATEME I CERTIFY the condisability will be conditionally with the condition of injure the condition of the con	NT OF GOVE	RNMENT MI EX (Name of em, 19, 19, 19	eDICAL OFF AMINED CA ployee) m., and In www.	wa was or was not) my opinion disa was was was was further treatment isposition	s given first-aid tre disabled for work. bility	WHO F
Signed this STATEME I CERTIFY the constant of injure o	NT OF GOVE	RNMENT MI (Name of sm , 19, at , 19	edical off AMINED CA ployee) m., and In Will return for	wa was or was not) my opinion disa was was was further treatment isposition	s given first-aid tree disabled for work. (Was or was	WHO F
Signed this STATEME I CERTIFY the construction will be considered to the construction of the constructio	nt of Gove	(Name of sm., 19, 19, 19, 19	EDICAL OFF AMINED CA ployee) m., and In www.	wa Vas or wae not) my opinion disa www.www.	PHYSICIAN s given first-aid tre disabled for work. bility (Was or wa	WHO F
Signed this STATEME I CERTIFY the constant of injure o	nt of gove	RNMENT MI EX (Name of em , 19, at	edical off AMINED CA ployee) m., and In Will return for Other d	wa Tas or was not) my opinion disa ***********************************	s given first-aid tree disabled for work. bility (Was or was the work to the w	WHO F

PLEASE DO NOT MUTILATE THIS MATERIAL IN ANY WAY

Merton R. Anderson

Name

Material sent to

X BEC FILE

12-27-71

Date

Mala

RGS (2-7-62)

正然(1000)

January 5, 1972

Bureau of Employees' Compensation United States Department of Labor Box 36022 450 Golden Gate Avenue San Francisco, California 94102 Your File No. Date of Injury December 17, 1971 Herton R. Anderson (Name)
Gentlemen:
Reference is made to your letter dated
Enclosed are compensation forms and/or other information (indicated below), relative to injuries or diseases incurred by the abovenamed employee of this Bureau.
CA-1 CA-2 CA-2 CA-2 CA-2 CA-2 CA-2 CA-2 CA-2
The following information is enclosed:
Enclosed, in duplicate, is an unpaid medical bill in the total amount of \$15.00.
MAILED 23
ANS-1972 Very truly yours,
1. I down atomica
Enc. (2) Los Angeles RGS (3) MAILTHOOML TELETYPE UNIT

UNITED STATES GOVERNMENT

Memorandum

OT.

: Director, FBI

DATE: 12/30/71

Market

: SAC, Los Angeles

Attention: Personnel Section

SUBJECT: MERTON R. (ANDERSON, SA Compensation Matter

X Remylet	
ReBulet	
Re physical examination	••
Dental work was completed on	. •
Vision has been corrected to	. Employee specifically instructed
(date) by (name of person giving instruction)	that he can operate a Bureau car
only when wearing the necessary glasses.	
Results of chest X ray patch test urinalysis serology	were negative.
Enclosed physician's statement indicates he is qualified for strenuous	s physical exertion and use of firearms
X Enclosed are paid X unpaid medical bills.	• •
Attached are Bureau of Employees' Compensation forms	•
Physical examination reports are enclosed.	
Employee is scheduled for physical examination on	
Physical examination report has been reviewed and initialed.	
Employee returned to active duty	·
Employee's physical condition is	
UACB he is being removed from limited duty.	
UACB he is being placed on limited duty.	
Remarks:	NOT RECORDED-16

1 - Bureau (Encl) 1 - Los Angeles LLL:111

(2)

KURLOSURIA

Bulet
to BEC

10, Touch

fight

1-5-72

THREE

SAM S. COOPER, M. D. 166 SOUTH ALVADARO STREET LOS ANGELES, CALIFORNIA 90057

Mr. Merton Anderson 1234 Broadmoor West Covina, Calif. 91790

FOR PROFESSIONAL SERVICES -

Dec. 17, 1971 Dog bite while working
Cleansed with solutions & \$ 10.00
treated
Tetanus Toxoid Booster \$ 5.00

\$ 15.00

PLEASE DO	NOT MUTILATE	THIS MATERIAL IN ANY	WAY	
1			1	l
1	A Merton	R. Anderson		
	MOZ JOSE	Name	•)
	i.			
				i
				1
Material sent to				i
X BEC FIL	_E	.)		1
1-5-72		3/1		
Date		3/24		i
		, , , ,		j
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RGS (V)	ENCLOSURE			
3-518 (2-7-62)			(244)	en.unit a

January 7, 1972

Bureau of Employees' Compensation United States Department of Labor

Box 36022

450 Golden Gate Avenue

San Francisco, California 94102

Your File No.
Date of Injury December 17, 1971

Merton R. Anderson

Gentlemen:

Reference is made to your letter dated
Enclosed are compensation forms and/or other information (indicated below), relative to injuries or diseases incurred by the abovenamed employee of this Bureau.
CA-1 CA-2
The desired information is being obtained and will be furnished to your agency within the near future.
The following information is enclosed:
Mr. Anderson has advised that he does not intend to take civil action against the third party.

MAUFD 8

JAN 7 - 1972

FBI

Very truly yours,

Enc. (0)

1 - Los Angeles

 $JGC \gamma$

33/

MAIL ROOM TELETYPE UNIT

over ***

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA FFMR (41 CFR) 101-11.6
UNITED STATES GOVERNMENT

Memorandum

TO

DIRECTOR. FBI

DATE:

1/4/72

FROM WOLL

SAC, LOS ANGELES

SUBJECT:

MERTON R. ANDERSON, SA COMPENSATION MATTER

Re Bureau letter to the Bureau of Employees' Compensation 12/27/71, with instructions for Los Angeles.

SA ANDERSON has advised he plans no civil action in this matter and will not sign a release without appropriate prior approval.

UACB the Bureau will not be advised every 60 days as SA ANDERSON's injury has healed without complication to date.

Let & BEC 1-7-92

AEG TO

X41451-12

7 JAN 101972

2 Bureau 1 - Los Angeles (67-16143) WRT:dek (3)



John

ofandard Form. 88, Revised April 1968 General Services Administration Interagency Comm. on Medical Records FPMR 101-11.809-3

REPORT OF MEDICAL EXAMINATION

FPMR 101-	-11.809-3	REPO	RT OF	MEDICAL	EXAMINATIO			
	NAME-FIRST NAME-MIDDLE NAME				2. GRADE AND COMPO	NENT OR POSITION	3. IDENTIFICATION NO.	
ANDE	RSON, MERTON R				SPECIAL	AGENT	393 05 33	331
	ADDRESS (Number, street or RFD, o		and ZIP Code))	5. PURPOSE OF EXAMI		6. DATE OF EXAMINATION	
	Angeles, Calif				ANNUAL P	HYSICAL	4/4/72	
7. SEX	8. RACE	-9. TOTAL YEAR		T SERVICE	. 10. AGENCY	11. ORGANIZATION UN	nt .	
Male	Cauc	MILITARY 3	CIVIL	IAN 21	FBI		**	*
12. DATE	OF BIRTH 13. PLACE OF BIR	тн			Į.	IP. AND ADDRESS OF N		
7/21	L/20 Wiscon	sin De	lls. W	ាំនឲ		ois Anders ame addres		
	INING FACILITY OR EXAMINER, AND				16. OTHER INFORMATI		/ ×	
ŲS	PUBLIC HEALTH,	San Pe	dro. C	alif.		***		
	G OR SPECIALTY				TIME IN THIS CAPACITY	(Total)	LAST SIX MONTHS	
	CLINICAL EVALUATION		_1	(Describe every	abnormality in deta ntinue in item 73 ar	ail. Enter pertinen nd use additional sh	t item number before	each
NOR- (Check each item in appropria umn; enter "NE" it not evalu	ite col- ABNOR					•	
(18.	. HEAD, FACE, NECK. AND SCALP							
19). NOSE							
20). Sinuses		1					
	1. MOUTH AND THROAT		1					
BI	2. EARS—GENERAL (Int. & ext. canals)	(Auditory	1					
	3. DRUMS (Perforation)	70 and 71)	-					
3 1		refraction	4					
	4. EYES—GENERAL (Visual acuity and under items 59, 60	and 67)	4					
-	5. OPHTHALMOSCOPIC		-					
	6. PUPILS (Equality and reaction)		1					
27	7. OCULAR MOTILITY (Associated pare ments, nystagmu	allel move-	_					
28	8. LUNGS AND CHEST (Include breas	ts)						
29	9. HEART (Thrust, size, rhythm, sou	nds)	1					
30	D. VASCULAR SYSTEM (Varicosities,	etc.)	1					
	1. ABDOMEN AND VISCERA (Include I		1					
32	2. ANUS AND RECTUM (Hemorrhoids, !	istulae)	1					
	3. ENDOCRINE SYSTEM	ncated)	1					
	4. G-U SYSTEM		+					
	5. UPPER EXTREMITIES (Strength, ran motion)	ge of	- ·					
	6. FEET		- ;	,		The same of the sa		
il			-	S. Services	7-14/	451-	739	
1	7. LOWER EXTREMITIES (Except feet) (Strength, range		4	MEC 132				
	B. SPINE, OTHER MUSCULOSKELETAL		4	,,,			34	
	9. IDENTIFYING BODY MARKS, SCARS,	TATTOOS				4.0 102.	•	
	SKIN, LYMPHATICS			,~	Made to take			
41	1. NEUROLOGIC (Equilibrium tests und	er ilem 72)		aller-		1	*	
42	2. PSYCHIATRIC (Specify any personality	y deviation)	200	(C)		ъ		
43	3. PELVIC (Females only) (Check hou	v done)	184.670		U	-		
	□ VAGINAL [RECTAL	V		(Continue	e in item 73)		
44. DENTA	AL (Place appropriate symbols, sh	own in example:	, above or bel	low number of u	pper and lower teeth.	REMARKS AN	ID ADDITIONAL DENTAL	
0	0 /	Non-	х .	x x x	Replaced (X)	Fixed DEFECTS AN	D DISEASES	
$\frac{1}{32} \frac{2}{3}$	2 3 Restorable 1 2 3 31 30 teeth 32 31 30 re	storable 1	2 3 Missing 31 30 teeth	22 21 20	by 12 21 20	Partial		
R V	× × × × ·	leeth	X	X X X	dentures (x).	dentures		
i A	- 2 3 4\ \ (6/ 7 8	9 10	11 Y2	13 14 15 (1	<u>6∼</u> Ē		
G 32 H 32	2 31 30 29 28 2	27 26 25	24 23	22 21	19 18	17 F		
1	//		1	<u> </u>	7	<u>,</u>	•	
45	LIVOID A COPOLETO COLLUNIO	1 004		LABORATORY FIND				
		1.004			46. CHEST X-RAY (PA	lace, date, film number of SAN PEDRO	ond result) O. CA.# 76 19	9
B. ALBUM	-1,0 -11 -	D. MICROSCOF	Wbc's			AY: Normal (/
C. SUGAR			· · · · · · · · · · · · · · · · · · ·			HEMATOLOGY		
	OGY (Specify test used and result)	48. EKG	49. BLOOFAC	DD TYPE AND RH	50. OTHER TESTS			
VDRI	L: Non-Reactive	See#73	I FAC	-	Wbc. 7,50	0; Hemoglob:	TH - TO+0+	
	M. AM	ODRO	177ch					
	() ta	w Oo w	18 %	***************************************	·····		88	8-116
		el			. 1		-	MR

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Et uricut	-	52. WEIĞ	, ,	رور المراجعة المراجعة المراجعة الم				MENT:			FINDING	<u>ss</u>						Lec	TE110-0	
51. HEIGHT	8	32. WEIG	\$	1 33.	COLORANA	3	3			55. BUILD):] SLENDE	R Æ	MEDIL	мГ	T не⊿	AVY	П ове	ı	TEMPERA	TURE X
بن 57.		OOD PRESSI	URE (A	rm at heart	level)	riy	, <u>G</u> ,	58				7		Arm at			ـــ ـــا	!	10	
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SITTING	DIAS. 8	2 RECU		DIAS.	STAND		IAS.	1	7	6	90	,		Ť	6			3	MIN.	
59.	DI	STANT VISIO	ON	•	60.			REFRAC	TION				61.				NEAR VI	SION		
RIGHT 20/	16	CORR.	TO 20/		BY		s.			С	х			18	COR	R. TO	Ji		BY X	0
LEFT 20/	16	CORR.	. TO 20/		BY		S.			С	х			18	COR	R. TO	1		ВУ	ween
62. HETERO	OPHORIA (S	pecify dista	ince)														•			
ES°		EX°		R.	H.		L, H,		PRISM	DIV.			A CONV				PC		PD	
63.	ACC	OMMODATIO	ON		64. co	OR VIS	ION (Test	used an	d result))		65. DE	PTH PE	ERCEPT	ION		UNCO	RRECTE)	
RIGHT		LEFT			1	1/	Ol	ate	20	<u>K.</u>							CORR	ECTED		
66. FIELD C	OF VISION				67. NIG	HT VIS	ION (Test	used and	d score)			68. RE	D LENS	TEST			69. 18	ITRAOCU	LAR TENS	ION
70.	HE	ARING			71.			-	UDIOME	TER							AL AND F		OTOR	
RIGHT WV	js	/15 SV		20/15		250 256	500 512	1000	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	1 '	Tests :	usea a	nd score)		
LEFT WV	115	/15 SV		22 /15	RIGHT				 					1						
		,		w	LEFT									<u> </u>						
74. SUMM/	ARY OF DEF	ECTS AND D	DIAGNO	SES (List di	agnoses w	ith iten			nal sheet	s if neces	sary)									
75. RECOM	MENDATION	IS-FURTHE	ER SPEC	CIALIST EXAI	PROITANIM	INDICA	TED (Spe	cify)						76.		A	. PHYSIC	AL PROFI	LE	
														Р		U	L	н	E	s
	/_													<u> </u>						
	UALIFIED FO)R													В. 1	PHYSICAL	. CATEGO	DRY	
78. IF NOT	QUALIFIED.	LIST DISQ	UALIFY	ING DEFECT	S BY ITEM	NUMBE	ER								A		В	С		E
70										- 1.				<u> </u>						
'S TYPED	G SUP	ER, M.C	PHYSIC St	URGEO!	V (R)					Sie	SNATURE) 2- '			s LJ	rei	, ,	M	S_
80. TYPED	OR PRINTE	NAME OF	PHYSIC	CIAN						SIG	SNATURE							7		
81. TYPED	OR PRINTE	NAME OF	DENTIS	T OR BUWGE	AN (Indi	cate wh	ich)			SIG	MATURE	· · · · · · · · · · · · · · · · · · ·	1	A					/	$\overline{\alpha}$
DR.	STIN	ER, D.	D.S	S						lh		١ , ا	W.	N	ή.	1	0	&	[] (
82. TYPED				ING OFFICE	R OR APPR	OVING	AUTHORIT	Y		sid	MATURE							TAC	MBER OF HED SHE	AT. ETS

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of 1	Examinee		ANDERSON,	MERTON	R.
(Type o			Last	First	Middle
The follo	wing portions o	of the attached	examination report fo	orm need not be com	pleted:
	3	9	62	69	
	4	11	65	72	
	8	14	67	76	
		17	68		
any c exam	other applicant inations necess	unless the exa sary. 45, 46 ar	cial Agent and FBI N mining physician dee and 47 are required in e	ms one, two, three examination of any	or all four of the current employee.
40. NOt	required uniess	examinee is o	over 35 years of age of	r examination indica	ates such is desirable.
and loss	Special Agents.	. Applicants f	ne afforded whenever poor the Special Agent poor in either ear in the co	position will not be	accepted if the hearing
For All E	Examinees, Whe	ther Clerical o	or Special Agent Appli	cants or Employees	5:
The medi			he following question		
	Examinee	is 🗆 is n	oot qualified for strem	ious physical exert	ion.
To be An	swered in the (Case of All Ma	le Employees and Mal	e Applicants:	
	rous assignmen	its which migh	t entail the practical	use of firearms?	in defensive tactics and
No	Yes If	'yes" please s	pecify defects.		
2. Does	examinee have	any defects p	rohibiting safe operati	ion of motor vehicle	s?
No	Yes If	"yes" please s	specify defects.		
least rectiv	20/40 in one e re glasses whil	ye and 20/100 e operating a r	in the other, correcte motor vehicle?	d or uncorrected. Ses No standard, indicate	ant vision must test at Should examinee wear cor- basis
<u></u>					
			/ /	711515	1-1-1

Desirable Weight Ranges for Males.

		ranges ivi maies,	
Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 189 1972	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161 \	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4.	Examinee's frame is small medium large										
5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient										
6.	Under proper medical supervision, employee should 🔲 lose pounds										
	gainpounds										
Remarks:											

Signature of Medical Examiner

4/4/72_ Date Standard Form 88
Revised April 1968
General Services Administration
Intergency Comm. on Medical Records
FPI 101-11.809-3

PORT OF MEDICAL EXAMINATION

	ency Comm. on M 101-11.809-3	edical Records	7.2P	ORT O	F MEDICAL	EXAMINATIO					
y. IA	ST NAME-FIRST N	ME-MIDDLE NAME		•		2. GRADE AND COMPO	NENT OR POSITION	3. IDENTIFICATION NO.			
(AI	YDERSON,	MERTON R	l .		SPECIAL AC	ENT	93 05 3331				
4. HO	ME ADDRESS (Number 1988)	ber, street or RFD; cit	y or town, suleva		5. PURPOSE OF EXAMI		6. DATE OF EXAMINATION				
Lo	os Angel	es, Calif			ANNUAL PI		3/30/73				
7. SE	l '				MENT SERVICE	10. AGENCY	11. ORGANIZATION UNIT	r			
	ale	Cauc	MILITARY	3岁	CIAIT(VI) 55	FBI	***				
12. DA	TE OF BIRTH	13. PLACE OF BIRT	н			1	IP, AND ADDRESS OF NEX				
7	/27 /20	7.7.9	• .	~	l .	is Anderso					
	/21/20	Wiscon		Delta		me address					
		OR EXAMINER, AND ALC CHEALTH,		Dodro	00744	16. OTHER INFORMATIO					
	TING OR SPECIALTY	<u> </u>	Dan	rearo	o ografi.		****	TIOT ON HOUSE			
17. RA	TING OR SPECIALLY					TIME IN THIS CAPACITY	(Total)	LAST SIX MONTHS			
				<u> </u>		<u> </u>					
NOR-		AL EVALUATION	e col- TAR	NOTE	S. (Describe every comment. Co	abnormality in deta ontinue in item 73 an	il. Enter pertinent d use additional shee	item number before each ets if necessary.)			
MAL		em in appropriat 'NE'' it not evalua	ted.) M	AL							
	18. HEAD, FACE, N	ECK. AND SCALP									
_	19. NOSE										
	20. SINUSES										
_	21. MOUTH AND 1		Auditory								
		AL (Int. & ext. canals) (acusty under items 70	2 and 71)	_							
	23. DRUMS (Perfo		efeaction	_							
-		AL (Visual acuity and r under items 59, 60 a	nd 67}								
	25. OPHTHALMOSO 26. PUPILS (Equa	 		_							
			lel move-	-							
-		ITY (Associated parall ments, nystagmus)									
+		HEST (Include breasts									
		STEM (Varicosities, etc.									
-		VISCERA (Include he		_							
	33. ENDOCRINE SY	TUM (Hemorrhoids, fist (Prostate, if indic	aled)								
	34. G-U SYSTEM	31EM									
+	L	MITIES (Strength, range	of	-	•						
+	36. FEET	motion)			•	· ·		The same of the sa			
+	1	MITIES (Except feet) (Strength, range o			Die.	67-2	41451	- 14/			
+		MUSCULOSKELETAL	f motion)		4.37	Secretard	Numbere	and the second s			
+		ODY MARKS, SCARS, T	ATTOOS		MIN.	7	4 APR 11	47 1 1			
1	40. SKIN, LYMPHA		X11005	-			S 1111 3-4-				
+		(Equilibrium tests under	item 72)			^	7	And the second of the second o			
					7F.						
1	43. PELVIC (Fema	les only) (Check how	done)	SIJ	Mes	(LEAN	•				
1		□VAGINAL □	RECTAL			Continue	ที่ก็ที่จัดที่จัดเรียก	Compression of the Compression o			
44. DE	NTAL (Place appro	Specify any personality a les only) (Check how VAGINAL D priate symbols, show	vn in exam	ples, above o	r below number of u	pper and lower teeth.)	REMARKS AND	ADDITIONAL DENTAL			
	0	1	-	X		<i>T</i>	DEFECTS AND	DISEASES			
1 32	2 3 Restorable	$\frac{1}{32} \frac{2}{31} \frac{3}{30}$ rest	lon- orable	1 2 3 Mis 32 31 30 te	ssing <u>1 2 3</u> eth 32 31 30	Replaced 1 2 3 3 30 31 30	Fixed Partial P				
R dentures dentures dentures dentures											
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G - H T	32 31 30 	29 28 27	26 2	25 24	23 22 21	20 19 18 13 × × × ×	7 F 7 T				
	······································				LABORATORY FIND		<u></u>				
45. UR	INALYSIS; A. SPEC	FIC GRAVITY	1.005		<u> </u>	46. CHEST X-RAY (PI	ace, date, film number an	d result)			
B. ALE	ими Nega	tive		COPIC 0-1	USPHS, OPC	, SAN PEDRO,	CA # 76 19				
c. sugar Negative Rare epi cells CHEST X-RAY: Normal Chest											
47. SE	ROLOGY (Specify te	st used and result)	48. EKG	49.	BLOOD TYPE AND RH FACTOR	50. OTHER TESTS	Hematolog				
VD	RL: Non-R	eactive	See	<i>‡</i> 73	Wbc. 6,	700; Hemoglo	bin - 15.5.				
			1			1		•			

MEASUREMENTS AND OTHER FINDINGS																		
51. HEIGHT	52. WEIGHT	1/2	53. C	DLOR HA			OR EYES		55. BUILD	:						56. 1	EMPERA	TÚRE
		rou	N.	1	elf.			SLEND	ER 🚣		JM HEAVY DOBESE 98							
	heart le		1		_\\(\begin{align*}			.===			(Arm at heart level) 2 MIN. AFTER D. RECUMBENT E. AFTER STANDING							
A. SYS. 3	B. RECUM-	SYS.		C. STANDI		'S. AS,	- ^ . ⁵',	TTING 170	"	. AFTER		C. 21	MIN. AFTE	:K C	. RECUMB		MIN.	-טחוטה
59. DIAS.	TANT VISION	DIAS.		(3 mir	ı.) Dii		DEFOACT	<u>/ L</u>			S_/ _	61.	16		NEAR VI	rion .		
RIGHT 20/ / 6	CORR, TO 2	m/		60. REFRACTION BY S. CX					101.	1-0	ORR. TO			BY O	0			
LEFT 20/ /6	CORR. TO	<u> </u>		BY S.					C			- 2	/_	CORR. TO	 		- 41	case
62. HETEROPHORIA (SI	ecify distance)	······································		·						•			-ŋ		di		ga	casu
ES°	EXº		R. H.	I. L. H. I			PRISM	DIV.			M CONV.	•		PC		PD		
63. ACCO	MMODATION			64. COLOR VISION (Test used and result) 65. DEPTH PE								UNCO	RRECTED					
RIGHT	LEFT			1	. L	10	lat	1	ÔK	/	6	est use	ed and score) CORR			ECTED		
66. FIELD OF VISION				67. NIGHT VISION Test used and score) 68. RED LENS						IS TEST 69. INTRAOCULAR TENSI					ION			
70. HEA	RING			71.		,	· ,	AUDIOMETER							GICAL AND PSYCHOMOTOR			
RIGHT WV 15	/15 SV	20	/15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 819£						
LEFT WV 15	/15 SV	20	/15	RIGHT								÷						
73. NOTES (Continued)	AND SIGNIFIC	ANT OR I	NTERVA		RY	I	L	1	,	<u> </u>	L		L		ж .			
Otherwise WNL (Use additional sheets if necessary) 74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)																		
75. RECOMMENDATIONS	S—FURTHER S	PECIALIST	EXAM	INATIONS	INDICAT	TED (Spe	cify)						76. A. PHYSICAL PROFILE					
													Р	U	L	н	E	s
77. EXAMINEE (Check) N. Dis qualified for B. Dis not qualified for																		
78. IF NOT QUALIFIED.	LIST DISQUAL	IFYING DI	EFECTS	BY ITEM	NUMBE	Ř					_	•	<u> </u>		В	С		E
79. TYPED OR PRINTED NAME OF PHYSICIAN SIGNATURE SO, TYPED OR PRINTED NAME OF PHYSICIAN SIGNATURE SIGNATURE SIGNATURE																		
81. TYPED OR PRINTED DR. SMITT	NAME OF DEN	TIST OR:	HASICI	Indi	cate whi	ich)			Sig	NATURE		/ 3/V1	ix	A,	(8)	7		_
82. TYPED OR PRINTED	OR APPR	OVING A	UTHORIT	Y	·	SIG	NATURE		<u> </u>	<u> </u>	~ <u>~</u>		NUM	BER OF	AT- ETS			
		······································																

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Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee	ANDE	RSON,	MERTON	R_{ullet}
(Type or print)	La	st	First	Middle
The following portions	of the attached exam	ination report i	orm need not be co	ompleted:
3	. 9	62	69	
4	11	65	72	
8	14	67	76	
	17	68		
any other applica	quired for all Special nt unless the examinir essary. 45, 46 and 47	ng physician de	ems one, two, thre	
48. Required for (1) al examinees over 35	ll Special Agent applic years of age; (4) any			
and Special Agent	s. Applicants for the	Special Agent	position will not l	pecial Agent applicants be accepted if the hearing eech range (500, 1000,
For All Examinees, Wh Employees:	ether Clerical or Spec	ial Agent Appl	icants, National A	cademy Applicants, or
The medical examiner	should answer the fol	lowing question	1:	
Examinee	is mis not qua	alified for stre	uous physical exe	ertion.
To be Answered in the Applicants:	Case of All Special A	Agents, Special	Agent Applicants	ertion. , and National Academy
1. Does examinee have	e any defects restricti ents which might entai			n in defensive tactics and
No Yes If	"yes" please specify	defects.		
/				
To be Answered in the who drive Bureau vehi		Agents, Specia	l Agent Applicants	s, and other Employees
1. Does examinee hav	e any defects prohibit	ing safe opera	tion of motor vehic	eles?
No Yes I	f "yes" please specif	y defects		
2. For safe driving of least 20/40 in one rective glasses wh	motor vehicles, Civil eye and 20/100 in the ile operating a motor	Service Comm e other, correct vehicle? \(\sum \)	ission requires dis ed or uncorrected. es No	stant vision must test at Should examinee wear cor-
		والمراجع المراجع المراجع	67-24	1451-141

		DES	IRABLE WE	IGHT F	RANGES		
		MALES			FI	MALES	
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 7 7 49	. 1831 - 168 °	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6 ' 5"	174 - 204	182 - 222	192 - 238	,			

4.	Examinee's frame is small medium large
5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient
6.	Under proper medical supervision, employee should pounds
	gainpounds
Re	marks:
	^

3-30-73 Date

PMR 101–11.809–3	REPORT	OF MEDICAL	L EXAMINATION"	
1. LAST NAME-FIRST NAME-MIDDLE NAME			2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
ANDERSON. MERTON F	•		SPECIAL AGENT	393 05 3331
4_HOME ADDRESS (Number, street or RFD, o		ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
11000 Wilshire Bou				
Los Angeles, Calif			ANNUAL PHYSICAL	3/27/74
7. SEX 8. RACE	T	OVERNMENT SERVICE	10. AGENCY 11. ORGANIZATION	
Male Cauc	MILITARY 3	CIVILIAN 23	FBI	***
2. DATE OF BIRTH 13. PLACE OF BIR		1	14. NAME, RELATIONSHIP, AND ADDRESS OF	
				b6
7/21/20 Wiscon	sin Dell:	s, Wisc.		b7C
5. EXAMINING FACILITY OR EXAMINER, AND		<u> </u>	16. OTHER INFORMATION	,, , , , , , , , , , , , , , , , , , ,
U S PUBLIC HEALTH,	San Ped:	ro, Calif.	***	
7. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
CLINICAL EVALUATION	1	NOTES. (Describe eve	ery abnormality in detail. Enter pertin Continue in item 73 and use additional	ent item number before eac
NOR- (Check each item in appropria MAL umn; enter "NE" it not evalu	te col- ABNOR-	comment.	Continue in item 73 and use additional	sneets if necessary.)
18. HEAD, FACE, NECK AND SCALP				
19. NOSE			•	
20. SINUSES				
21. MOUTH AND THROAT				
22. EARS—GENERAL (Int. & ext. canals)	(Auditory			
23. DRUMS (Perforation)				
24. EYES—GENERAL (Visual acuity and under items 59, 60	refraction			
25. OPHTHALMOSCOPIC				
26. PUPILS (Equality and reaction)				
27. OCULAR MOTILITY (Associated pare ments, nystagmus	ilel more-			
28. LUNGS AND CHEST (Include breast				
29. HEART (Thrust, size, rhythm, sour				
30. VASCULAR SYSTEM (Varicosities, e	tc.) ·		*	
31. ABDOMEN AND VISCERA (Include I		•		
32. ANUS AND RECTUM (Hemorrhoids, for (Prostate, if ind	stular)			
33. ENDOCRINE SYSTEM		• •	* 7.	
34. G-U SYSTEM				
35. UPPER EXTREMITIES (Strength, range motion)	e of	1	•	
36. FEET				
37. LOWER EXTREMITIES (Except feet) (Strength, range	of molion)	1 1 2 2 1 1 To		
38. SPINE, OTHER MUSCULOSKELETAL		25× 10 4 5		51-146
39. IDENTIFYING BODY MARKS, SCARS,	TATTOOS	, `	-4 Z	- for and and
40. SKIN, LYMPHATICS		Drag .	135 9 ANR 1	17 1974 ры
41. NEUROLOGIC (Equilibrium tests und	r item 72)	REC.	ess of the second	
42. PSYCHIATRIC (Specify any personality	deviation)		———)	b7C
43. PELVIC (Females only) (Check hou	done)			
□ VAGINAL □	_		(Coni	
44. DENTAL (Place appropriate symbols, she	wn in examples, ab	ove or below number of	f upper and lower teeth.) REMARKS	AND ADDITIONAL DENTAL
0 1	Non- 1 X	<u> </u>	$\frac{1}{2}$ Replaced $\frac{(x)}{1}$ Fixed	AND DISEASES
1 2 3 Restorable 1 2 3 re-	torable $\frac{1}{32}$ 31	3 Missing 1 2 3 30 teeth 32 3	by 3 Pixel 1 2 3 Pixel 30 Portial dentures dentures	
$\mathbf{R} \times \mathbf{X} \times \mathbf{X} = \mathbf{X} \times $	("X O I	× ×	- 'X X L	
G 32 31 30 29 28 2	7 8	9 10 11 12 24 23 22 21	13 14 15 16 E	
H 32 31 30 29 28 2	7 26 25	24 23 22 21	20 19 18 17 F X X X T	
		LABORATORY FI	HDINGS	
5. URINALYSIS: A. SPECIFIC GRAVITY 1.	020		46. CHEST X-RAY (Place, date, film numb	er and result)
. ALBUMIN DES	D. MICROSCOPIC		USPHS OPC San Pedro,	Ca. SP# 76 19
: sugar neg	WBC-0-1		see #73	4-1-74
7. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RE	50. OTHER TESTS	
		FACTOR .		
VDR:-non reactiv	e see#73		HEMA:HGB-15.1/WBC-7	,000
VDRHOH TEACLIV		.1		88-11
A Charles	114.3			,
29	रू कि भी			1
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					ME	EASURE	MENTS	AND (OTHER	FINDIN	35								
51. HEIGHT	8.7.5	2, WEIGHT	1 4 53.	COLOR HA	R	54. col	ORFHE	el och	5. BUILD	: SLENDI	ER' 🔀	MEDIU	M []	 HEAV	Υ [OBESE	56. TI	EMPERA 98	TURE
57.	BLOOD	PRESSURE	(Arm at hear	t level)	1		58.				P	ULSE (A	lrm at h	eart lev	rel)				
A. SITTING	SYS./35_ DIAS. 11 1	B. RECUM-	SYS.	C. STANDI			A. SI	TTING	В	. AFTER	EXERCISE 14	C. 21	11	ER)	D. REC	UMBENT	E. AF	TER STA	INDING
59.	1-10	BENT NT VISION	Direct	(5 min	1.)		REFRACT	CION			′ , –	61.	60		NE/	AR VISION	<u> </u>		
RIGHT 20/	1/.	CORR. TO 2	20/	BY		s.	TILL TOPO	-	C	·		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	100	CORR.		,) /	. В	Υ	
LEFT 20/	φ	CORR. TO		BY		S.					<u></u>	+		CORR.		$\frac{\mathcal{J}_{1}}{\mathcal{J}_{2}}$	B'	9	<u>lasses</u>
62. HETER	OPHORIA (Speci	ify distance))							•			27					ga	anes
ES°	. Е	X°		. н.	t	H.		PRISM I	DIV.			M ÇONV. CT	•			PC		PD	
63.	ACCOMA	MODATION		64. coi	OR VISIO	ON (Test	used an	d result)					RCEPTIO			UNCORRE	CTED		
RIGHT		LEFT		\dashv ,	Pink) de	lat	4-0	OR		"	l'est use	d and sc	ore)	f	CORRECT	ED		
66. FIELD	OF VISION			67. NIG	HT VISIO	N Fest	used and	i score)		-	68. RI	ED LENS	TEST			69. INTR/	AOCULA	R TENS	ION
70.	HEARI	NG		71.				UDIOME	TER				72. PS	YCHOLO	OGICAL	AND PSYC	сномо	TOR	
RIGHT WV	15 /15		20 /15	- 	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	(Τ	ests us	ed and	acore)			
	15	5 SV	26 /15	RIGHT			<u> </u>	-					}						
LEFT WV	/ / /!!	5 SV	J 0 /15	LEFT				<u> </u>								٠,	•		
73. NOTES	(Continued) A	ND SIGNIFIC	ANT OR INTE		RY	l	!	Ĺ		1			L				·	,	
74. SUMM	ARY OF DEFECT	S AND DIAG		Œ:	Sin	1S 8	rrh	thm:	ia.		APC	ន							
75. RECOM	MENDATIONS-	FURTHER S	PECIALIST EX	AMINATIONS	INDICAT	TED (Spe	cify)						76.		A. Pi	YSICAL F	PROFILE	:	
													Р	U		L.	н	E	S
/	/												<u> </u>				\bot		<u> </u>
A. 2 15 0	NEE (<i>Check</i>) NALIFIED FOR IS NOT QUÂL	IFIED FOR													В. РНҮ	'SICAL CA	TEGOR	Y	
78. IF NOT	QUALIFIED, LI	ST DISQUAL	IFYING DEFEC	TS BY ITEM	NUMBE	R		•					A		В		С	·	E
	•									,									•
79. TYPED	OR PRINTED NA	ME OF PHY	SICIAN						Sid	SNATURE						****	_	<u>-</u>	
	OR PRINTED NA			<u>i⊊iAŅ⊭(<i>I</i>ndi</u>	eate whi	ch)			SIG	SN#								ъ6 ъ7С	
82. TYPED	OR PRINTED NA	ME OF REV	EWING OFFIC	ER OR APPR	OVING A	UTHORIT	Υ		1								TACH	EK OF	ĀT· ETS
	``								•	,			U.S. GOVI	ERNMEN	H PRINTI	NG OFFICE	: 1969	0-340-4	457 (49J)

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Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Mam	o of Everinee	AND	ERSON.	MERTON	R.
	ne of Examinee Type or print)	L	ast	First	Middle
The	following portions of	the attached exam	nination report fo	orm need not be com	pleted:
	3	9	62	69	
	4	11	65	72	
	8	14	67	76	
		17	68		
45,	46, 47 and 49; requiant other applicant texaminations necess	unless the examin	ing physician de	ems one, two, three	or all four of the
48.	Required for (1) all 8 examinees over 35 years				
71.		Applicants for th	e Special Agent	position will not be	cial Agent applicants accepted if the hearing ch range (500, 1000,
For Emp	All Examinees, Wheti loyees:	ner Clerical or Spe	cial Agent Appli	cants, National Aca	demy Applicants, or
The	medical examiner sh	ould answer the fo	ollowing question	ı:	
	Examinee	∕ ∃is ⊟isnotq	ualified for stren	uous physical exerti	ion.
	•				nd National Academy
1. 1		•	-	_	in defensive tactics and
Ž	No □ Yes If "y	es" please specif	y defects		
	be Answered in the Co drive Bureau vehicl		l Agents, Specia	l Agent Applicants,	and other Employees
1.	Does examinee have	any defects prohib	iting safe operat	ion of motor vehicle	s?
	No Yes If "	yes" please spec	ify defects	·	
	For safe driving of moleast 20/40 in one ey rective glasses while If recommendation is	e and 20/100 in the operating a motor	ne other, correct r vehicle? 🔲 Y	ed or uncorrected. S es 🔲 No	ant vision must test at Should examinee wear corbasis
					b7c
			at içili. Mixke		

1- - 111457-046

	DESIRABLE WEIGHT RANGES MALES MALES TENNES MALES										
Height	Small Frame	Medium Frame	Large Frame	Height		Medium Frame	Large Frame				
5'4"	117 - 138	123 - 149	131 471 63	2	971 96 - 114	101 - 124	109 - 138				
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141				
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144				
5'7"	128 - 151	134 - 163	143 - 178	5'3 "	105 - 124	110 - 135	118 - 149				
5'8"	132 - 155	138 - 167	147 - 183	5 ' 4"	108 - 128	113 - 139	121 - 152				
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156				
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161				
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165				
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169				
6'1"	152 - 179	158 - 194	169 - 209	5 ' 9"	126 - 149	132 - 162	141 - 174				
6 '2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179				
6 ' 3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185				
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190				
6'5"	174 - 204	182 - 222	192 - 238								

4.	Examinee's frame is small mediumlarge
5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory
6.	Under proper medical supervision, employee should pounds
	gainpounds
Re	marks:
	ъ6
	ь7с

Date

FPMR 1	21-11,809	-3	iculcul itecorus	POR	OF	MEDICAL	EVAMINA	B.W.		
			AME-MIDDLE NAME	•			2. GRADE AND COMPO	· · · · · · · · · · · · · · · · · · ·	3. IDENTIFIC	_
AN	DERS	ON,	MERTON R	•			SPECIAL	AGENT	393	05 3331
			ber, street or RFD, cit		ZIP C	ode)	5. PURPOSE OF EXAMIN	NATION	6. DATE OF	EXAMINATION
			shire Bou					•		
			es, Calif				ANNUAL E	PHYSICAL	3/31/	/75
7. SEX		8. RA		9. TOTAL YEARS G	OVERNMI	ENT SERVICE	10. AGENCY	11. ORGANIZATION UNI		
Ma	le		Cauc	MILITARY 3		VILIAN 24	IBI	***		
	TE OF BIRT		13. PLACE OF BIRT					IP, AND ADDRESS OF NE	XT OF KIN	
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7/	21/2	^	พรียดด	nsin Del	7 a	Miac	1 1			b7C
			OR EXAMINER, AND AS		ودي	W.LBC.	16 OTHER INCORMATIO			
					~ ~ ~ ~	-	16. OTHER INFORMATIO	ત્ર સુસ્તુસ્ત્ર	12	
			LIC HEALT	n, san P	ear.	o Gui.				
17. RA	TING OR SP	ECIALT	Y				TIME IN THIS CAPACITY	(Total)	LAST SIX MOI	4THS
									<u> </u>	
			AL EVALUATION		VOTES.	. (Describe every	abnormality in deta intinue in item 73 an	ail. Enter pertinent d use additional she	item numbe	er before each
NOR-	(Check umn; e	each i enter	tem in appropriat ''NE'' it not evalus	e col- ABNOR-						
			NECK, AND SCALP							
$-\mathcal{F}$	19. NOSE									
\neg	20. SINUSE	:s								
\neg	21. MOUT	H AND	THROAT							
	22. EARS-	-GENER	RAL (Int. & ext. canals) (acuity under items 70	(Auditory 0 and 71)						
	23. DRUM									
	24. EYES-	-GENER	RAL (Visual acuity and r under items 59, 60 as	refraction						
-	25. OPHTH			na 0/)						
			ality and reaction)							
-			ILITY (Associated parali ments, nystagmus)	lel move-						
			CHEST (Include breasts							
			est, size, thythm, sound							
										
			STEM (Varicosities, etc	- 						
			D VISCERA (Include he			•		•		
$ \square$			CTUM (Hemorrhoids, his (Prostate, if indic	aled)						
\perp	33. ENDOC	RINE S	YSTEM							
	34. G-U S									
\perp	35. UPPER	EXTRE	MITIES (Strength, range motion)	of						
	36. FEET				,	356-134	7			
	37. LOWER	EXTRE	MITIES (Except feet) (Strength.range o	f motion)		19 m/s 626.	1-7		-1	1110
-	38. SPINE.	OTHER	R MUSCULOSKELETAL			•		11/11/11	~~/ ~_ /	48
	39. IDENT	FYING	BODY MARKS, SCARS, T	'ATTOOS				-	/ - /	7b6
	40, SKIN,	LYMPH	ATICS	7	$-\!$			- Automy	· 3	b7C -
i	41, NEURO	LOGIC	(Equil-brium tests under	item 72)	Y	•			1975	· 1
	42. PSYCH	IATRIC	(Specify any personality d	leviation)	1	•		 	1 1 -	
1	43. PELVIO	(Fem	ales only) (Check how	done)	1				-	
			□ VAGINAL □		1		(Cd	/3)		
44. DE	NTAL (Plac	e abbr			ove or	below number of u	pper and lower teeth.)	REMARKS AND	DADDITIONAL	PENTAL
	0	· wpp.	1	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\ 	/	DEFECTS AND	DISEASES	
122		storable	$\frac{1}{32} \frac{2}{31} \frac{3}{30} r_0^{80}$		<u>3</u> Missii 30 teeti	ng <u>1 L J</u>	Replaced $\frac{1}{2}$ $\frac{2}{3}$ $\frac{3}{3}$	Fixed Partial WLA	NO!	,,,,
Ja,	X ° "	teeth X	`` '` 'X' X	Teth X O'X	30 teetl	X X X	dentures $(X_x)^2$	lentures	•	,
RIG -	1 2	3	4 5 6	7 8	9 10	0 11 12	13 14 15 10	6 E		
Ĕ.	32 31	30	29 28 27	26 25	24 2	23 22 21	20 19 18 1	7 E		
	\mathbf{x}	_X		<u> </u>			$\times \times \times \times$	<u> </u>		
				^		LABORATORY FIND	· 			
			CIFIC GRAVITY 1.01	,			_	ace, date, film number a		76 40
B. ALB				D. MICROSCOPIC			I .	San Pedro,Ca		76 19
C. SUG		ne		ess. neg.			see #73		3-:	31-75
47. SEF	ROLOGY (S1	ecify to	est used and result)	48. EKG		OOD TYPE AND RH	50, OTHER TESTS			
			- •		1			·	^	
V DI	RL: non	re	active	see#73	-		HEMA: HGB-16	6.6/WBC-7,50	U	

																	Ý,	, so
					M	EASURE	MENTS	AND C	THER	FINDING	as							<u> </u>
51. HEIGHT	r. 11	52. WEIGHT	53. c	COLOR HAI			OR EYES		5. BUILD	: SLENDI	ER □	MEDIU	M 🔀	HEAVY	/ 📋 OI	SESE 56.	TEMPER/	
57.	BLO		(Arm at heart	level)	7		58.				Pi	ULSE (A	rm'at	heart leve	:l) ·			
A. SITTING	SYS./25	B. RECUM- BENT	SYS.	STANDI (3 min			A. SI	TTING 72	, B	AFTER S	EXERCISE	C. 21	din. AF	TER /	D. RECUMI		AFTER ST 3 MIN.	ANDING
59.	DIS	TANT VISION		60.			REFRAC	TION				61.			NEAR V	ISION	·	
RIGHT 20/		CORR. TO 20	0/	BY		s.			C	Κ		5,	Q	CORR. 1	ro 5,		BY ¢	glass
LEFT 20/ 2		CORR. TO 2		BY		S.	·		C	<		15,	J	CORR. T	ro <u>Г</u> ,		BY U	lesse
	ophoria (Sp	ecify distance)																
ES°		EX°	R. i			L. Н.		PRISM (PRISM	M CÓNV.			PC	۸.	PD	
63.	ACCO	MMODATION		64. co	OR VISIO	ON (Test	used an	d result)	,	,	65. DE	EPTH PE Test use	RCEPTI d and s	ON core)	<u> </u>	ORRECTE	Ď	
RIGHT		LEFT	_	67.000	<u> </u>	JES	4	10	nn	<u>~</u>	60 0					RECTED		
66. FIELD	OF VISION			b/. NIG	HI VISIC	ON (Test	usea and	s acore)			700. KE	ED LENS	1651		69.	INTRAOCL	LAR TEN	SION [.]
70.	HEA	RING		71.			/	UDIOME	TER				72. PS	YCHOLO	GICAL AND	PSYCHON	HOTOR	
RIGHT WV	15	/15 SV	20 /15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	,			,		
LEFT WV	14	/15 SV	20 /15	RIGHT												٠,		
			ANT OR INTERV	LEFT				<u> </u>					<u> </u>					
74. SUMM			NOSES (List die			number	s)	nal sheet			3. (· '>				
	. ,												.					
75. RECON	1 ~		PECIALIST EXAM	MINATIONS	INDICA.	TED (Sp	ecify)						76. P	U	A. PHYSI	CAL PROF	ILE E	s
	Υl	me	_										⊢	 		, n	+	+-
	NEE (Check)												 		<u> </u>	_1		ــــــــــــــــــــــــــــــــــــــ
. A. □ X (\$ q B. □	UALIFIED FO	R ALIFIED FOR					•								B. PHYSIC	AL CATEG	ORY	b6 b7C
78. IF NOT	QUALIFIED.	LIST DISQUALI	FYING DEFECT	S BY ITEM	NUMBE	R	•••					•			b.		. T	
79. 80. TYPED	OR PRINTED	NAME OF PHY	SICIAN			_			-									
81. TYPED	OR PRINTED	NAME OF DENT	TIST OR PHYSIC	CIAN (Indi	cate wh	ich)		 l	Sto	in/								
82. TYPED	OK PRINTED	NAME OF REVI	EWING OFFICER	R OR APPR	OVING A	UTHORIT	гү	<u></u>	SIG	NATURE						TA	CHED SHI	AT. EETS
, ,,,,	/ 6					<u> </u>						<u> </u>				GPO:	1971 44	6-044/15

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

	ne of Examinee Type or print)	ANDER SO I	ν,	MERTON First	R,• Middle
	e following portions of the		n report form		
			_		•
	3	9	62	69	
	4	11	65 65	72	
	8	14	67	76	
		17	68		
45,	46, 47 and 49; required any other applicant unles examinations necessary.	s the examining phy	sician deems	s one, two, three	or all four of the
48.	Required for (1) all Speci examinees over 35 years				
71.	Audiometer examinations and Special Agents. Apploss exceeds a 15 decibe 2000 cycles).	licants for the Speci	ial Agent pos	sition will not be	e accepted if the hearing
For Emp	All Examinees, Whether Coloyees:	lerical or Special Ag	gent Applica	nts, National Ac	ademy Applicants, or
The	e medical examiner should	answer the following	g question:		
	Examinee 🏠 is	is not qualified	l for strenuou	ıs physical exer	tion.
To	be Answered in the Case of	of All Special Agents	, Special Ag	ent Applicants,	and National Academy
	licants:				
	Does examinee have any d dangerous assignments wh	_	-		in defensive tactics and
(No Yes If "yes"	please specify defec	ets		
_		•			
	be Answered in the Case o drive Bureau vehicles:	of All Special Agent	s, Special A	gent Applicants,	and other Employees
1.	Does examinee have any d	lefects prohibiting s	afe operation	of motor vehicl	es?
	No □ Yes If "yes"	please specify defe	cts		
2.	rective glasses while open	d 20/100 in the othe rating a motor vehic	r, corrected le? 🔲 Yes	or uncorrected.	ant vision must test at Should examinee wear corbasis
			3		
,			* *	17-24	1151-148

		MALESO ANTO	N DIN		F	MALES	
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5 ' 0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	発作。17 4 20 126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3 "	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5 ' 4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5 "	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5 ' 8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4.	Examinee's frame is small medium large
5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient
6.	Under proper medical supervision, employee should pounds
	gainpounds
Re	marks:

56 b7c



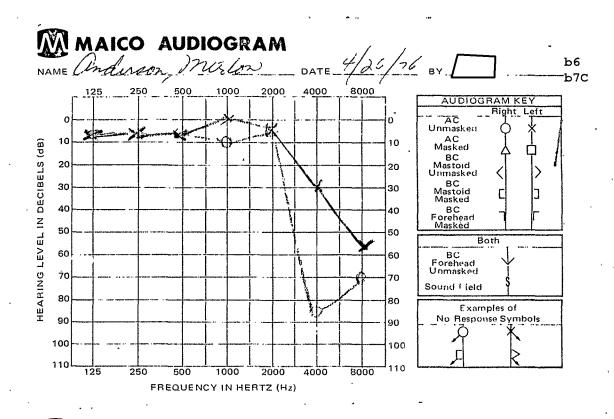
	191–11.809		dicai Ke	coras	"R	EPO	RT C	PF M	EDICA	L E	XAM	INATI	ON			
1. LA	ST NAME-	FIRST NA	ME-MIC	DLE NAME							2. GRADE	AND COME	ONENT OR	POSITION	3. IDENTIFIC	CATION NO.
IN	VDER'S	ΩN	MEB	TON I	>						CDI	CTAT	AGE	NΤ	303	05 3331
4. HO	ME ADDRES	(Numb	er, street	or RFD, c	ity or tow	n, State	and ZIP	Code)		-		E OF EXA		T/-T-		EXAMINATION
1-1	Ł000	Wils	shir	e Bot	ılev	ard										
Lo	os An	gele	es,	CAli:	Eorn	ia				İ	ANI	JAUN	PHYS	ICAL	4/2	6/76
7. SE	x	8. RAC	E		9. TOT	AL YEARS	S GOVERI	NMENT S	ERVICE	1	0. AGENC	Y	11. OR	GANIZATION UN	пт	
M:	ale		Ca	uc	MILITA	RY ?	31/3	CIVILIAN	25	\neg	FB:	T			***	
	TE OF BIRT	H		CE OF BIR	TH					1			SHIP, AND	ADDRESS OF NE	EXT OF KIN	
	4										1					b 6
7	/21/2	n		Wisi	cons	in I)e11	s I	Visc.							b7C
	AMINING FA		R EXAM	INER, AND	DDRESS	<u></u>		<u> </u>	<u> </u>		6. OTHER	INFORMA	TION			
U.	. S.	PUBI	LIC	HEAL'	TH.	San	Ped	ro.	Cali	f.				***	•	
	TING OR SE										ME IN TH	IS CAPACIT	ry (Total)		LAST SIX MO	NTHS
								,								
1		CLINICA	L EVAI	UATION			NOT	ES. (D	escrite eve	ry al	norma	ity in de	tail. En	ter pertinent	t item numb	er before each ary.)
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7	18. HEAD,															
1	19. NOSE															. 11
	20. SINUS	ES										1 6	37	1/ 1/2		14.11
1	21. MOUT	H AND T	HROAT								जिल्ला व	1272) [" ·	11-12	<i></i>	107
\top	22. EARS-	-GENERA	L (Int. &	ext. canals) under items i	(Auditory O and 71)						neir.	[49] S	ocrebad	***************************************	Vor de rod	
	23. DRUM											- 1	!	5 JUN	V 3 19	76
\top	24. EYES-	-GENERA	Visual under i	acuity and tems 59, 60	refraction and 67)											
\mathbf{I}	25. OPHTI	IALMOSC	OPIC										7	-	***********	*
	26. PUPIL	5 (Equal	ity and 1	eaction)								,	3 (4)	\		
	27. OCULA	R MOTIL	TY (Asso	ciated para , nystagmus	llel move-)		1				`		- 1	/		
	28. LUNGS	AND CH	EST (In	lude breast	s) —		4	1)4	0 سے	\mathcal{L}_{A}	معب	20	_اپ_			
	29. HEART	(Thrust	, size, ri	ythm, sour	ids)											
	30. VASCU	LAR SYS	TEM (Va	ricosities, e	tc.))	•)		
				(Include h					•							
\perp	32. ANUS	AND RECT	UM (<i>Не</i> (<i>Рт</i> е	morrhoids, fi state, if indi	stular) cated)								•			
\perp	33. ENDO	RINE SYS	STEM													
	34. G-U S															
	35. UPPER	EXTREM	ITIES (S	trength, rang stion)	e of											
	36. FEET															
4				xcept feel) rength, range	of motion)											
	38. SPINE.	OTHER	MUSCULO	SKELETAL										•		
				KS. SCARS.	TATTOOS											
	40. SKIN.				····											
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	1 (2)			AGINAL		لببا	<u></u>	· ·				·	ıe in iten			
44. DE	NIAL (Plac	e approp	riate sy	mbols, sho	wn in es	amples,	above o	r below	number of	uppe _	r and lo	wer teeth.	.) -	REMARKS AND DEFECTS AND	D ADDITIONAL DISEASES	DENTAL
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î /	1 /2	3	4	5 6	177	8	9	10	11 12	13	14		16 E	73.0	7	
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45. IIP	INALYSIS:	A. SPECIF	IC GRAV	ITY 1	014/1	он_ 6		LAB	ORATORY FIN	_		V.DAV /	Dines J-1	film pour tou	md mac24\	
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C. SUG	110				- 1			-neg	•			1 che		-aro,on	4-26	
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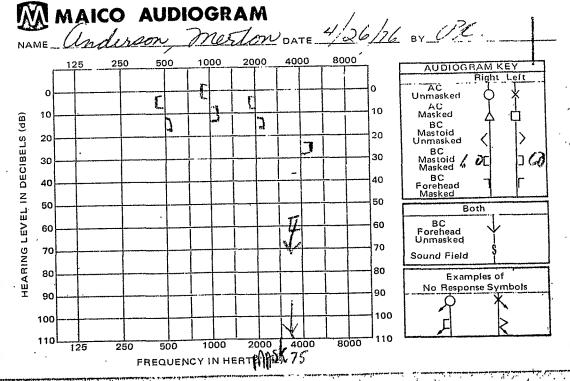
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		Mi	EASURE	MENTS	AND C	THER	FINDING	S		-				 	
51. HEIGHT	53. COLOR	HAIR	54. CO	LOR EYES	5, 5	5. BUIL	ar.	_ L	·	—		- ت	- 1	EMPERATI	JRE
5'8 173	hey a	Duna	1 /1	النبود		<u> </u>	SLENDE	سرب	MEDIU		HEAVY	OBES	E	78	
A. SYS. JOSEP B. SYS.		C. SY	,	58.	TTING		. AFTER E			trm at he		RECUMBER	UT E AE	TED CTAN	DINC
SITTING RECUM-	STA	NDING -	AS.	- ^. <i>-</i> "	/ C	<u> </u>	6/	O	- 4. 21	7.2		KECUMBEI		IIN.	DING
59. DISTANT VISION	. 60.	min.) Di		REFRACT	ION /			<u> </u>	61.	10		NEAR VISI	ON		
RIGHT 20/ /6 CORR. TO 20/	BY		s.			С	x		1 -	140	ORR. TO	~ [g		y de	sse
LEFT 20/ // CORR. TO 20/	BY		s.			C			+-	- / _	ORR. TO	$\frac{\mathcal{J}}{\mathcal{J}}$		Y Col	
62. HETEROPHORIA (Specify distance)										79-		-\/		gra	nu
ES° EX°	R. H.	ı	L. H.		PRISM D	oiv.			M CONV.	, ~ <u>;</u> ;	أحمنة	rys RC:	: :3:	CRP.	
63. ACCOMMODATION	64.	COLOR VISI	ON (Test	used an	d result)			65. D	EPTH PE	RCEPTION	', ```	UNCOR	RECTED	30	
RIGHT LEFT		1-	<u></u>	pl	etis			'(Test use	d and sco	te)	CORRE	. —		
66. FIELD OF VISION	67.	NIGHT VISIO	ON (Test	used and	i score)			68. R	ED-LENS	TEST		69. INT	RAOCUL	R TENSIO	N
								<u> </u>							
70. HEARING	71.			,	UDIOME	TER						AL AND PS		TOR	
RIGHT WV / 5 /15 SV	20 /15	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	,					
LEFT WV / 5 /15 SV 7	7) /15 RIGI	17 3	3	10	J		85		70	ļ					
73. NOTES (Continued) AND SIGNIFICANT C	LEF		5	0	5		30		55	l					
Photocopies of EKG 7		EKG	(Us	NO C		•	WNL								•
75. RECOMMENDATIONS—FURTHER SPECIAL	LICT EVANINATION	NE INDICA	TED (Se	ifu\						76.		DI IVOLO			
GEOGRAPHIONS—FURTHER SPECIAL	FVUINIUVIII	, no indica	יבה (ישני)							70. P	U	. PHYSICA	L PROFIL	E E	s
Mus										i –		-		-	
77. EXAMINET (Check)	· · · · · · · · · · · · · · · · · · ·							<u>.</u>			i		l	<u>i</u>	
A. S QUALIFIED FOR B. S NOT QUALIFIED FOR						•					В. 1	PHYSICAL		b6	
78. IF NOT QUALIFIED, LIST DISQUALIFYING	G DEFECTS BY IT	EM NUMBE	R									.8	С	ъ7С -	E
			•												<u> </u>
79. TY					1										
80. TYPED OR PRINTED NAME OF PHYSICIAL	N					/					_	<u></u>			
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81. TYPED OR PRINTED NAME OF DENTIST O	1	ndicate whi	ich)			sic	SN) Æ	/				V			
	[]			/	/						7	
82. TYPED OR PRINTED NAME OF REVIEWING	d	- HOVING A	UTHORIT	ſΥ		sic	SNATURE						NUM	BER OF A	r. S
· L													GPO: 15	971 446-	044/15





MCTOCHEE

b6 b7C FD-300 (Rev. 11-11-75)

Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

	ne of Examinee	AN	DERSON,	MERTON First	R
	Type or print) following portions o	f the attached exa	mination report fo	m need not be comple	
	9	0	17	67	76
	3 4	9 11	62	68	10
	8	14	65	72	
45,	any other applicant	unless the examin	ing physician dee	National Academy app ms one, two, three or examination of any cu	all four of the
48.				I National Academy a mination indicates su	
69.	Required for all exa	minees over 40 ye	ears of age.		
For Emp	and decibel readings for the Special Agen average (ANSI) in ei reading in that range have a hearing loss All Examinees, Whet loyees:	s must be recorded t position will not ther ear in the fre e may exceed 35 d exceeding 35 deci ter Clerical or Spe	at 500, 1000, 200 be accepted if the quency range 1000 ecibels and no applied at 500 or 45 ecial Agent Applic	of Agent applicants and 10, 3000 and 4000 Here hearing loss exceed 1, 2000, and 3000 Here blicant will be accept decibels at 4000 Here ants, National Academ	tz. Applicants Is a 25 decibel Ez. No single ed if found to z.
The	medical examiner sh				
				ous physical exertion	
	be Answered in the Clicants:	ase of All Special	Agents, Special A	gent Applicants, and	National Academy
1. I			_	his participation in one of firearms?	defensive tactics and
_	No ☐ Yes If "y	es" please specif	y defects		
	be Answered in the C drive Bureau vehicl		l Agents, Special	Agent Applicants, and	i other Employees
1.	Does examinee have	any defects prohib	iting safe operation	on of motor vehicles?	
[□ Nø □ Yes If "	yes" please speci	fy defects		
:	least 20/40 in one ey rective glasses while	e and 20/100 in the operating a motor	ne other, corrected vehicle?	No standary, indicate bas	uld examinee wear corsis
_			16/2- 1/2	11-12-18-1	<u> </u>

		MALES		For	UIY. FE	MALES	
Height Small Frame Medium Frame Large Frame				Height	Smalļ Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	ر الزال 131 - 163	ι Ù5333" μ̂/ j	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3 "	105 - 124	110 - 135	118 - 149
5'8 "	132 - 155	138 - 167	147 - 183	5 '4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5 ' 10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7 "	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

7.	Examinee's frame is small medium targe							
5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient							
6.	Under proper medical supervision, employee should pounds							
	gainpounds							
Re	marks:							

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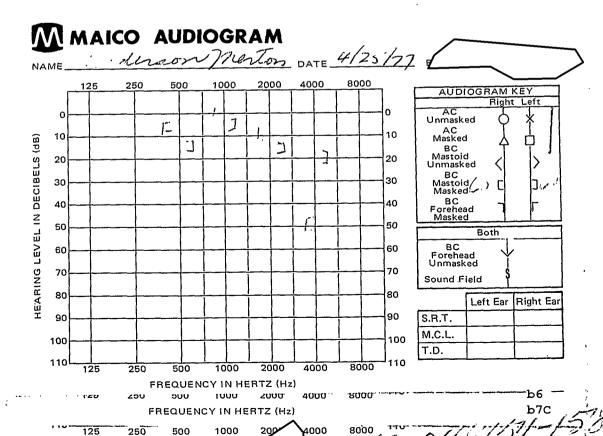
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Standard Form 88 Revised April 1968 General Services Administration

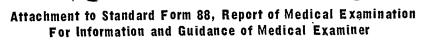
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· · · · · · · · · · · · · · · · · · ·	NAME-FIRST NA	ME-MIDDLE NAM	1E	*			2. GRAD	E AND COMPO	NENT OR POSITION	3. IDENTI	FICATION NO.
ΔNI	DERSON	MERTON	R.				51	PECTAT	AGÈNT	393	05 3331
. HOMÉ	ADDRESS (Numb	er, street or RFD	, city or town	n, State an	d ZIP Coo	le)		OSE OF EXAM			OF EXAMINATION
	s Angel	•					Ai	NNUAL	PHYSICAL	4,	/25/77
. SEX	8. RAC				SOVERNME	NT SERVICE	10. AGE		11. ORGANIZATION		<u> </u>
Ŀ.Λî.	ale (Cauc	MILITAI			LIAN 26	┤ ,	FBI		***	
	OF BIRTH	13. PLACE OF B	URTH	<u></u>		2.0			HIP, AND ADDRESS OF		
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	ZI/ZU			11 DE	<u> </u>	MISCO	16. OTH	ER INFORMATI	ION	/	
	S. PUB			Can.	Dodr	o Co			**	•	
	G OR SPECIALTY	PIO UPW	LILLE	Sali .	rear	Je Cae	TIME IN 1	THIS CAPACITY		LAST SIX I	MONTHS
							1		. ()		
	0111101	L EVALUATION	<u> </u>		NOTES	/Describe ev	- bnorm	ality in dat	ail. Enter pertine	at item ava	shar before each
OR- (L EVALUATION		IABNOR-	NOIES.	comment.	Continue i	n item 73 a	nd use additional s	heets if nece	ssary.)
	(Check each ite umn; enter "		lusted.)	MAL							
1	8. HEAD, FACE, NE	CK. AND SCALP									
 	9. NOSE			<u> </u>				•	-		
 	0. SINUSES										
3	1. MOUTH AND T		0.0 74 : 3%					,	•		
	2. EARS—GENERA		18) (Auditory 18 70 and 71)						•		
	23. DRUMS (Perfor										
24	4. EYES—GENERA	under items 69, 6	nd refraction 80 and 67)								
2!	5. OPHTHALMOSC	OPIC	,								
	26. PUPILS (Equal										
2	7. OCULAR MOTIL	ITY (Associated po	arallel move- nus)								
2/	8. LUNGS AND CH	EST (Include bre	asts)								
29	9. HEART (Thrus	., size, rhythm, so	ounds)								
30	0. VASCULAR SYS	TEM (Varicosities	s, etc.)								
3	31. ABDOMEN AND	VISCERA (Includ	e hernia)								
3/	2. ANUS AND REC	IUM (Hemorrhoids (Prostate, if i	, fistulae)								
	3. ENDOCRINE SY								•		
3	4. G-U SYSTEM										
3	5. UPPER EXTREM	ITIES (Strength, re	ange of								
	6. FEET										
37	7. LOWER EXTREM	IITIES (Except feet)) nge of motion)						277	イント	1-15
	8. SPINE, OTHER									./(-)	1-1-0
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47	12. PSYCHIATRIC (specify any personal	lity deviation)					<i>├</i> ─			b6
4	3. PELVIC (Femal	es only) (Chéck h	ow done)		7	7		L	- - /		b7C
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. URINA ALBUM SUGAR	ALYSIS: A. SPECII MIN neg		D. MIC	-rare			USPI	HS OPC	San Pedro,	CA SP#	76 19 -25 - 77
. URINA ALBUM SUGAR	ALYSIS: A. SPECII		D. MIC	-rare	49. BL0	rare DOD TYPE AND RE	USPI	HS OPC	San Pedro,	CA SP#	
. URINA ALBUM SUGAR	ALYSIS: A. SPECII MIN neg		D. MIC WDC 48. EK	-rare	49. BL0	OD TYPE AND RE	USPI nori	HS OPC mal che HER TESTS	San Pedro,	CA SP# 4-	

MEASUREMENTS AND OTHER FINDINGS																			
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70.	не	ARING			71.			A	UDIOME	TER				72. PSY	CHOLOGIC	AL AND F	SYCHOM	OTOR	
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M MAICO AUDIOGRAM NAME anderson nuclos DATE 4/25-177 b7C 4000 2000 8000 1000 AUDIOGRAM KEY AC Unmasked AC Masked 10 10 HEARING LEVEL IN DECIBELS (dB) BC Mastoid Unmasked 20 20 вс 30 30 Mastoid Masked BC Forehead 40 40 Masked 50 50 Both 60 60 Forehead Unmasked 70 Sound Field 80 80 Left Ear Right Ear 90 90 S.R.T. M.C.L. 100 100 T.D. 1110 8000 125 1000 2000 4000 FREQUENCY IN HERTZ (Hz)



FREQUENCY IN HER



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The	following portions of the atta	acned examination re	port form need not be	completeu.	
	3 9	17	67	7	6
	4 11		68	\	
	8 14	65	72		
45,	46, 47 and 49; required for any other applicant unless t examinations necessary. 45	he examining physici	an deems one, two, t	hree or all fo	our of the
48.	Required for (1) all Special a examinees over 35 years of a				
69.	Required for all examinees	over 40 years of age.			
For	Audiometer examinations mu and decibel readings must be for the Special Agent position average (ANSI) in either ear reading in that range may ex have a hearing loss exceeding All Examinees, Whether Clerical loyees:	e recorded at 500, 10 on will not be accepted in the frequency rangued 35 decibels and 35 decibels at 500 on 3	00, 2000, 3000 and 40 ed if the hearing loss ge 1000, 2000, and 30 no applicant will be or 45 decibels at 40	000 Hertz. A exceeds a 2 000 Hertz. N accepted if 00 Hertz.	applicants 5 decibel 6 single found to
The	medical examiner should ans	swer the following qu	estion:		
App 1. I	be Answered in the Case of A licants: Does examinee have any defed langerous assignments which	II Special Agents, Spects restricting or prol	nibiting his participat tical use of firearms?	ts, and Nation	
	be Answered in the Case of A drive Bureau vehicles:	All Special Agents, S	pecial Agent Applica	nts, and othe	er Employees
1.	Does examinee have any defe	cts prohibiting safe	operation of motor vel	nicles?	
j	No Yes If "yes" ple	ease specify defects.			·
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	For safe driving of motor veh least 20/40 in one eye and 20 rective glasses while operati If recommendation is based or	0/100 in the other, cong a motor vehicle?	orrected or uncorrecte	ed. Should excate basis _	xaminee wear cor-
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5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144			
5'7"	128 - 151	134 - 163	143 - 178	5'3 "	105 - 124	110 - 135	118 - 149			
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5'9"	136 - 161	142 - 172	151 - 187	5 ' 5"	111 - 132	117 - 144	125 - 156			
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5'11"	144 - 169	150 - 183	160 - 198	5'7 "	118 - 140	124 - 153	133 - 165			
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6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179			
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185			
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190			
6'5"	174 - 204	182 - 222	19,2 - 238							
 Examinee's frame is small medium large Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient Under proper medical supervision, employee should lose pounds 										
Remarks:pounds										
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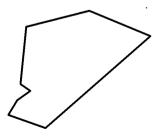
Date

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MEDICAL REPORTS

Personnel File of: ANDERSON, MERTON ROLEL Personnel File No.





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Standard Form 520
Rev. August 1954
Promulgated
By Bureau of the Budget
Circular A = 32

UNIPOLAR EXTREMITY LEADS (Specify)

ANDERSON, Merton Roger

U. S. GOVERNMENT PRINTING

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1954--- 0-309813

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	ircular A-32												
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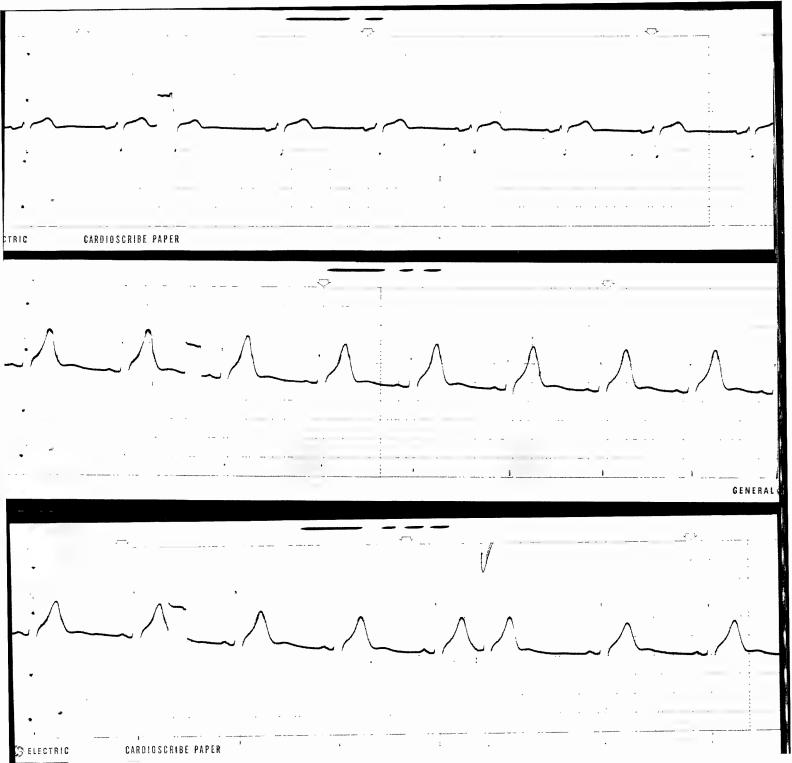
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ECG	FBI-SEATUEE),
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO. WARD NO.

ELECTROCARDIOGRAPHIC RECORD

Standard Form 520 (Attach tracings to S. F. 507)

GENERAL TELECTRIC

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GENERAL & ELECTRIC CARDIOSCRIBE PAPER CARDIOSCRIBE PAPER GENERAL (ELECTRIC

CLINICAL IMPRESSION MEDICATION MEDICATI] NO
AGE SEX RACE HEIGHT WEIGHT B.P. SIGNATURE OF WARD PHYSICIAN 39 M C. 18 154 154 154 154 154 154 154 154 154 154	BEDSIDE
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REGISTER NO.

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Standard Form 520 Promulgated August 1948 By-Bureau of the Budget Circular A—32

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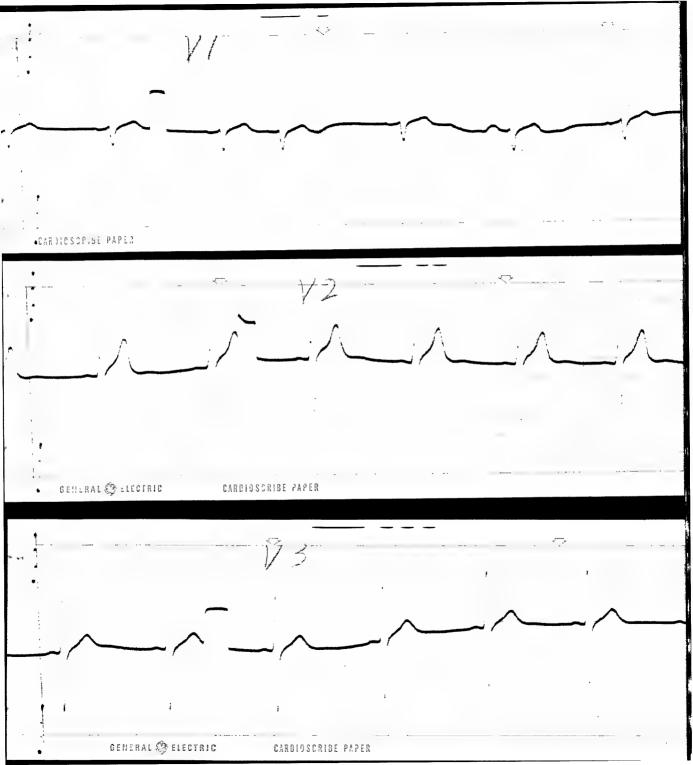
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PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

ANDERSON, Merton R. SA FBI

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Rev. August 1954
Promulgated
By Bureau of the Budget
Circular A—32

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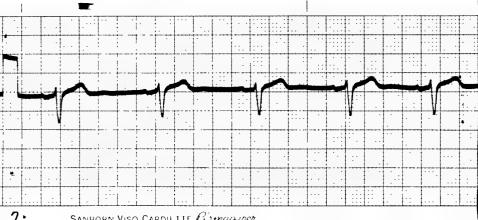




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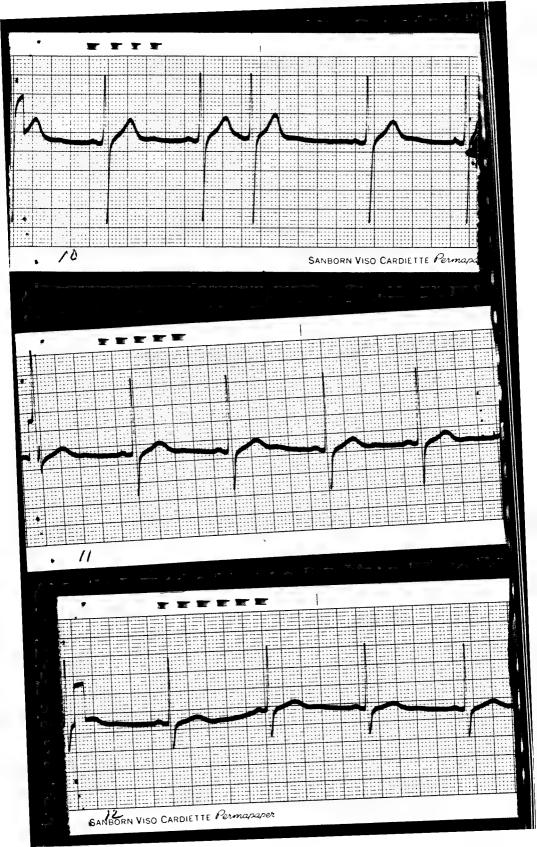




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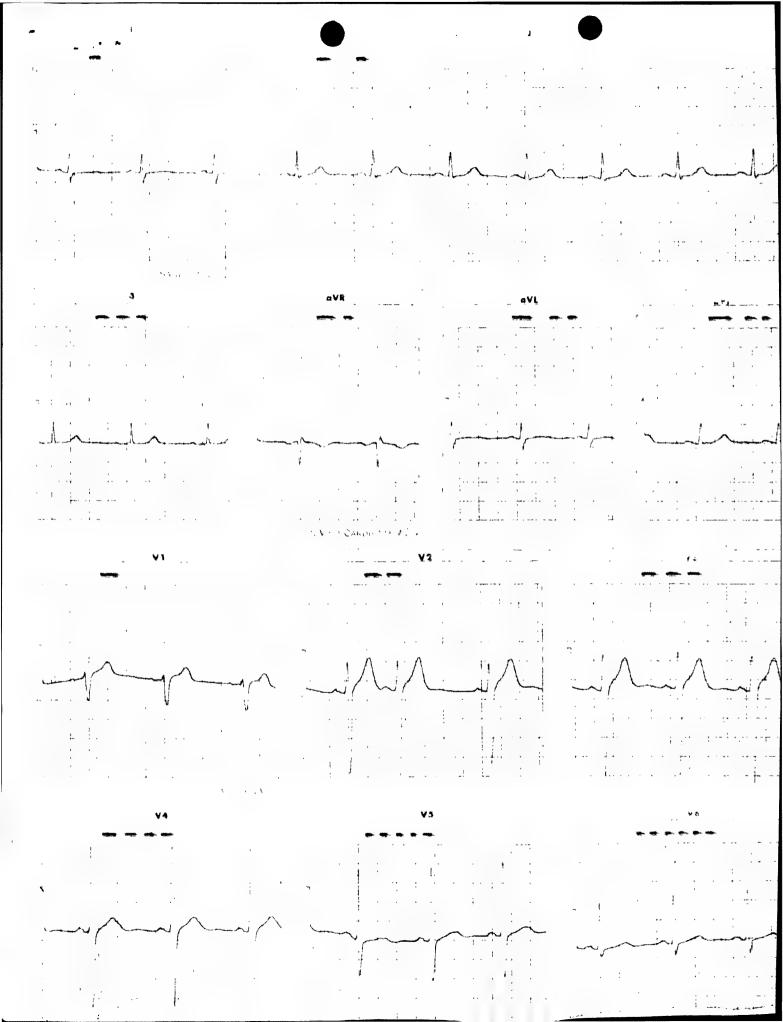
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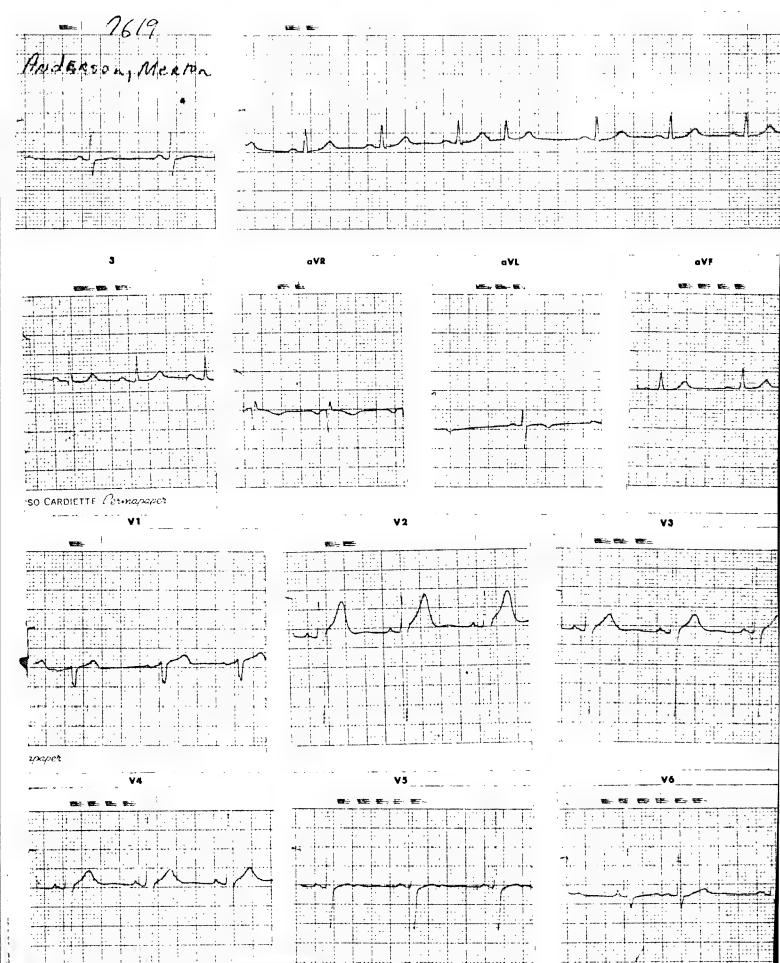
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REMARKS:

U. B. Public Heath Service
314 Federal Building
San Pedro, California



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Standard Form 520

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REPORT OF MEDICAL HISTORY U.S. Civil Service Employees and Applicants

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

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MertonR. Anderson

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MOTE: HAND TO THE DOCTOR-OR HURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTIMENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

EXAMINEE DENIES ALL SIGNIFICANT INTERVAL HISTORY SINCE LAST PE

CAPT. JOHN E. GREENE

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Standard Form 520
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General Services Administration &
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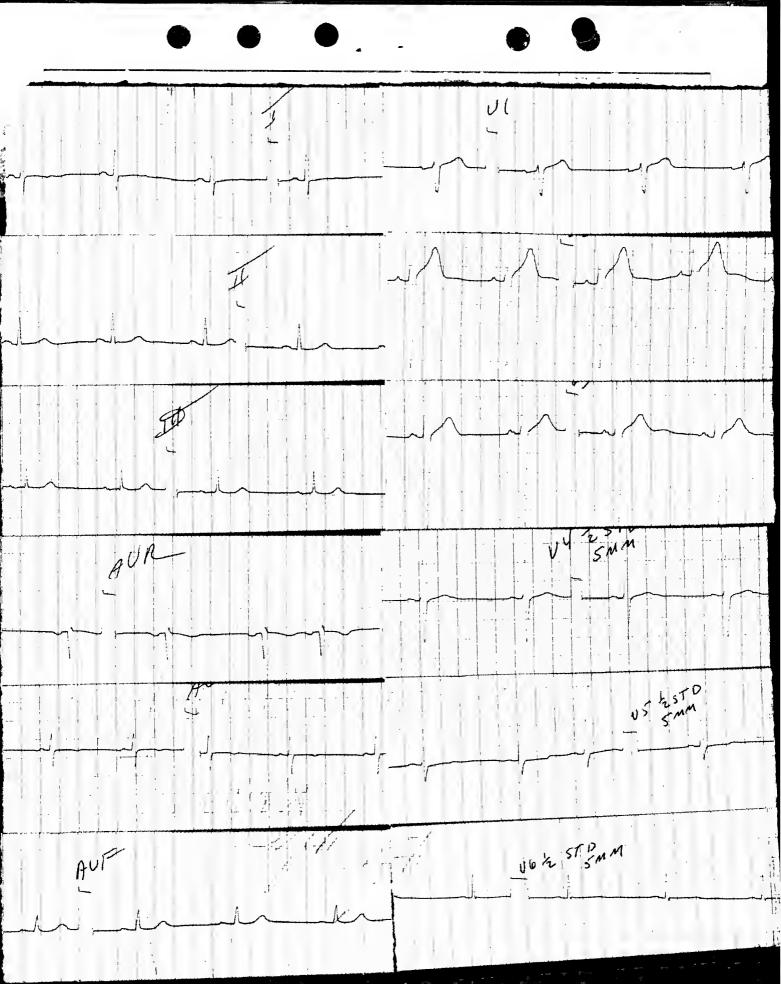
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ELECTROCARDIOGRAPHIC RECORD

(Attach Tracings to SF-507)

Standard Form 520
Revised April 1968
General Services Administration &
Interagency Comm on Medical Records
FPMR 101-11-809-3
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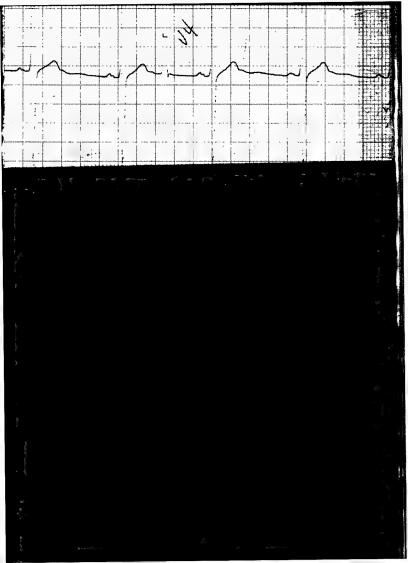


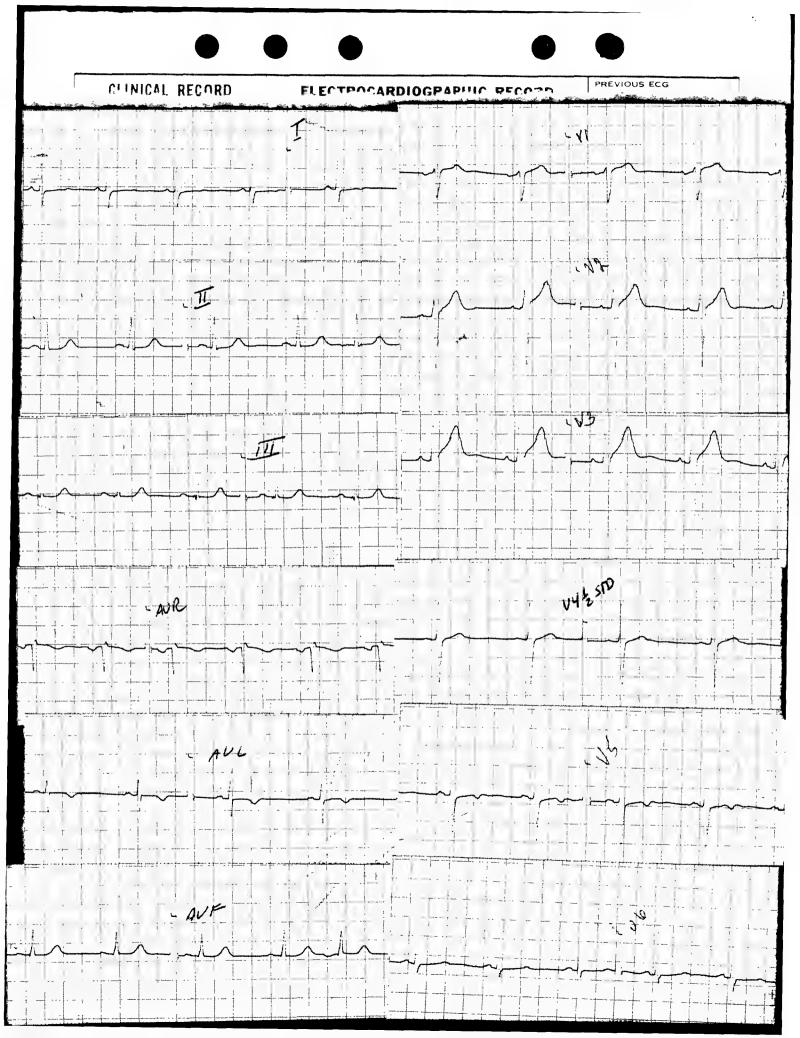
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Revised April 1968
General Services Administration & Interagency Comm. on Medical Records FPMR 101–11–809–3 520–105

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Standard Form 513 Rev. Jugust 1954 Bureau of the Budget Care Jar A 32





CLINICAL RECORD	CONSULTATION SHEET				
REQUEST					
TO: INTERNAL MEDICINE	FROM: (Requesting ward, unit, or activity) PHYSICAL EXAM SECTION MAFB	DATE OF REQUEST 21 Jun 1971			

REASON FOR REQUEST (Complaints and findings)

50 year old male FBI with abnormal EKG. Please evaluate.

PROVISIONAL DIAGNOSIS		•	
As above			•
DOCTOR'S SIGNATURE S. W. TURAY, CAPT, USAF, 1	APPROVED IC	PLACE OF CON	 EMERGENCY ROUTINE
	CO	NSULTATION REPORT	

History of Present Illness: The patient is a 51-year-old asymptomatic Caucasian male Secret Service Agent who is referred to the Internal Medicine Clinic for evaluation of an abnormal routine electrocardiogram. The patient is totally asymptomatic and has had no historical evidence for cardiovascular, pulmonary, cerebral, renal or endocrine abnormalities, in spite of unlimited physical activities. Reportedly, routine physical examinations and electrocardiograms for the past 16 years have never been considered anything but normal. A routine electrocardiogram obtained at this facility in Apr 71 demonstrated a regular sinus rhythm with voltage criterion for left ventricular hypertrophy and T-wave inversion in the lateral precordial leads suggestive of left ventricular ischemia (i.e., abnormal repolarization compatible with the increased voltage). A repeat tracing was essentially the same. The patient's father age 76 is alive and well. His mother died at the age of 71 with a history of cerebrovascular, hypertensive, coronary artery and diabetic diseases. His sole sibling is alive and well.

<u>Personal History:</u> Allergies - None. Surgery - T&A. Medications - Niacin one tablet q.i.d. Smoking History - 30 pack years which was discontinued one year ago. Alcoholic Consumption - Minimal.

Systemic Review includes a questionable history of Meniere's disease diagnosed six years ago which has been optimally controlled with Niacin. The patient has never taken diuretics.

Family History is as noted above.

	(Continued or	n reverse side)			
SIGNATURE AND TITLE	DATE	IDENTIFICATION	ON NO.	ORGANIZATION	
ARTHUR J. LAZIK, MAJOR, USAF, MC	22Jun71	393-05-33	31	FBI	
PATIENT'S IDENTIFICATION (For typed or written e middle; grade; date; h	ntries give: Name ospital or medical	–last, first, facility)	REGIST	ER NO.	WARD NO. PE
ANDERSON, MERTON R USAF REGIONAL HOSPITAL MARCH	AFB CA			-	CONSULTATION SHEET Standard Form 513

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CLINICAL RECORD	CLINICAL RECORD	Report on	
		or Continuation of S. F. 513	
	(Strike out one line) (Specify type of examination or data)		

Page Two

(Sign and date)

Physical Examination: Blood pressure 146/88 in both arms in the sitting position. Pulse 90, strong and regular. General appearance is of an alert, well-toned, minimally overnourished, Caucasian male in no physical distress. The nails are pink and nonclubbed and there are no subcutaneous xanthomas. normocephalic. Pupils are equal, round and reactive to light with white sclera. Fundi disclose a venous arteriolar ratio of 3:2 with neither exudates or hemorrhages. is no arcus corneae nor xanthelasma. The oropharynx is devoid of lesions. Neck is supple with no venous distention in the sitting position or thyromegaly. Breath sounds are well-heard bilaterally with neither inspiratory rales nor expiratory wheezes. The cardiac apex is well-localized, nondisplaced and nonsustained. There are no palpable thrills or closure taps. Heart tones are good with a low intensity early ejection click heard loudest along the left sternal border. The second tone is physiologically split at the left base and, in addition, there are no murmurs, third heart sounds, fourth heart sounds or rubs. Abdomen is mildly overnourished without palpable viscera or tenderness. Genitalia is normal male. Muscle tone and power is excellent bilaterally with neither joint deformities or peripheral edema. The carotid, radial, femoral and dorsal pedal pulses are generous bilaterally without a time lag between the radial and femoral pulse. Cranial nerves, gait and sensorium are physiologic.

Comment: Although the electrocardiograms are electrically suggestive of left ventricular enlargement, I find absolutely no clinical, physical or radiologic findings suggestive of any cardiovascular abnormalities. In addition, a hematocrit was 49 volumes% with a normal routine urinalysis, normal chest x-ray and nonreactive serology. Unfortunately, previous EKG tracings are unavailable for comparison. At this juncture, I can only conclude that the patient has no overt evidence for cardiovascular disease and that obviously he be allowed complete and unlimited physical activities and that, in addition, no medications are indicated. However, I might suggest that routine blood pressures and electrocardiograms be obtained on a six month basis/for at least the following year.

Diagnosis:

- 1. Electrocardiographic evidence for abnormally high voltage and T-wave changes suggestive of left ventricular enlargement and associated abnormal repolarization.
- 2. No historical, physical or radiologic findings confirming the above diagnosis.
- Probably normal heart.

ARTHUR J. IAZIK MAJOB USAF, MC			
22 Jun 71 (Continue on reverse	•		
PATIENT'S IDENTIFICATION (For speed or written entries give: Name—last, first	t,	REGISTER NO.	WARD NO.
ANDERSON, MERTON R. USAF REGIONAL HOSPITAL, MARCH AFB CA	REPORT	ON or CONTINUATION Standard Form 50' 507-104	

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REPORT OF MEDICAL HISTORY U.S. Civil Service Employees and Applicants

This is	nforma	ition is for off	icial and	d medically	-confidential	use onl	y and will not b	e released to unauth	orized persons.	
1. LAST NAME—FIRST NAME	-HIDDLE 1	NAME			2. TITLE OF POSITION		3. SOCIAL SECURITY NUMBER			
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		roadmoo: Califo:			ANNUAL P	HYSICAL	5 Apr 71			
7. SEX	8. TOTAL	YEARS GOVERNMENT SERV	ICE		9. AGENCY			10. ORGANIZATION UNIT		
Male	MILITARY	3½	CIÙILIAN	20		FBI		*	***	
11. DATE OF BIRTH		12. PLACE OF BIRTH	<u></u>	,			13. EXAMINING FACILITY OR	EXAMINER, AND ADDRESS (Includ	ing ZIP Code)	
7/21/20 Wisconsin Dells, Wisc.							USAF Regional Hospital March AFB, California			

14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

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15. DO YOU (Please check at left of each item):

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STUTTER O WEAR A B HAD OR HAVE Y	OR STAMMER HABITUALLY SPACE OR BACK SUPPORT YOU NOW (Please check at left (Check each item) SCARLET FEVER, ERYSIPELAS	 -	ı			x	BLED EXCESSIVE	LY AFTER I	NJURY OR	TOOTH EXTRAC	עחוו				
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1	(Check each item) SCARLET FEVER, ERYSIPELAS	 -	ı												
DON'T KNOW	SCARLET FEVER, ERYSIPELAS	YES	NO.						_						
	<u> </u>		ווייי	DON'T KNOW	(Che	eck each	item)	YES	МО	DON'T KNOW	(Check each item)				
	DIDUTUEDIA		X		ASTHMA				X		RECENT GAIN OR LOSS OF WEIGHT				
	DIPHTHERIA		x		SHORTNESS (OF BREATH			X		ARTHRITIS OR RHEUMATISM				
	RHEUMATIC FEVER		x		PAIN OR PRI	ESSURE IN	CHEST		X		BONE, JOINT, OR OTHER DEFORMITY				
	SWOLLEN OR PAINFUL JOINTS		x		CHRONIC CO	UGH			x	İ	LAMENESS				
	MUMPS		x		PALPITATION	OR POUND	ING HEART		X		LOSS OF ARM, LEG, FINGER, OR TOE				
	COLOR BLINDNESS		X		HIGH OR LO	W BLOOD P	RESSURE		X		PAINFUL OR "TRICK" SHOULDER OR ELBOW				
	FREQUENT OR SEVERE HEADACHE		x		CRAMPS IN Y	OUR LEGS			X		RECURRENT BACK PAIN				
	DIZZINESS OR FAINTING SPELLS		x		FREQUENT IN	DIGESTION			X		"TRICK" OR LOCKED KNEE				
	EYE TROUBLE		x		STOMACH, I OR INTESTI	LIVER, NAL TROUB	LE		X		FOOT TROUBLE				
	EAR, NOSE, OR THROAT TROUBLE		x				OR GALLSTONES		X		NEURITIS				
	RUNNING EARS		X		JAUNDICE				X		PARALYSIS (Inc. infantile)				
	HEARING LOSS		x	,	ANY ADVERS	E REACTION MEDICINE	TO SERUM,		X		EPILEPSY OR FITS				
	CHRONIC OR FREQUENT COLDS		x		BROKEN BON				X		CAR, TRAIN, SEA, OR AIR SICKNESS				
	SEVERE TOOTH OR GUM TROUBLE		X		TUMOR, GRO	WTH, CYST	, OR CANCER		x	4.	FREQUENT TROUBLE SLEEPING				
	SINUSITIS		x		RUPTURE/HE	ERNIA			X	,	FREQUENT OR TERRIFYING HIGHTMARES				
	HAY FEVER		X		APPENDICITI:	S			X		DEPRESSION OR EXCESSIVE WORRY				
	HEAD INJURY		X		PILES OR RE	CTAL DISEA	SE		·X		LOSS OF MEMORY OR AMNESIA				
	SKIN DISEASES		X		FREQUENT OF	R PAINFUL	URINATION		x		HERVOUS TROUBLE OF ANY SORT				
	GOITER		X		KIDNEY STOR	IE OR BLOC	D IN URINE		X		ANY DRUG OR MARCOTIC HABIT				
	TUBERCULOSIS		x		SUGAR OR A	LBUMIN IN	URINE		X		EXCESSIVE DRINKING HABIT				
	SOAKING SWEATS (Night sweats)		x		BOILS				X		PERIODS OF UNCONSCIOUSNESS				
	AVE YOU HA	HEAD INJURY SKIN DISEASES GOITER TUBERCULOSIS SOAKING SWEATS (Night sweats) AVE YOU HAD IN THE ONE	HEAD INJURY SKIN DISEASES GOITER TUBERCULOSIS SOAKING SWEATS (Night sweats) AVE YOU HAD IN THE OTIC HELD ANY OF THESE I	HEAD INJURY SKIN DISEASES GOITER TUBERCULOSIS SOAKING SWEATS (Night sweats) X AVE YOU HAD IN THE ONE 19. WHAT IS THE LONGEST PERIOD Y HELD ANY OF THESE JOBS?	HEAD INJURY SKIN DISEASES GOITER TUBERCULOSIS SOAKING SWEATS (Night sweats) AVE YOU HAD IN THE ONE 19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? Three	HEAD INJURY SKIN DISEASES X FREQUENT O GOITER TUBERCULOSIS SOAKING SWEATS (Night sweats) X SUGAR OR A BOILS AVE YOU HAD IN THE HELD ANY OF THESE JOBS? PILES OR RE KIDNEY STOIL SUGAR OR A BOILS 20.	HEAD INJURY SKIN DISEASES X FREQUENT OR PAINFUL GOTTER TUBERCULOSIS SOAKING SWEATS (Night sweats) X BOILS AVE YOU HAD IN THE One 19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? 10. WHAT IS YELD ONE HELD ANY OF THESE JOBS? PILES OR RECTAL DISEA KIDNEY STORE OR ALBUMIN IN BOILS 20. WHAT IS YELD ANY OF THESE JOBS?	HEAD INJURY SKIN DISEASES SKIN DISEASES X FREQUENT OR PAINFUL URINATION GOITER TUBERCULOSIS SOAKING SWEATS (Night sweats) AVE YOU HAD IN THE HELD ANY OF THESE JOBS? TO THESE PROBLE PROBLEM 19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? TO THESE SPECIES 20. WHAT IS YOUR USUAL QCCU HELD ANY OF THESE JOBS? TO THESE SPECIES	HEAD INJURY KIND DISEASES KIND DISEASES KIND DISEASES KINDEY STORE OR BELOOD IN URINE TUBERCULOSIS SOAKING SWEATS (Night sweats) AVE YOU HAD IN THE ONE 19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? PILES OR RECTAL DISEASE KIDNEY STORE OR BELOOD IN URINE BOILS 20. WHAT IS YOUR USUAL OCCUPATION? APPLICATIVE SPECIAL A	HEAD INJURY SKIN DISEASES X FREQUENT OR PAINFUL URINATION X GOITER X KIDNEY STONE OR BLOOD IN URINE X SUGAR OR ALBUMIN IN URINE X SOAKING SWEATS (Night sweats) X BOILS X AVE YOU HAD IN THE HELD MAY OF THESE JOBS? Three 20. WHAT IS YOUR USUAL OCCUPATION? SPECIAL Agen	HEAD INJURY X PILES OR RECTAL DISEASE X SKIN DISEASES X FREQUENT OR PAINFUL URINATION X GOITER X KIDNEY STONE OR BLOOD IN URINE X TUBERCULOSIS X SUGAR OR ALBUMIN IN URINE X SOAKING SWEATS (Night sweats) X BOILS X AVE YOU HAD IN THE 19. WHAT IS THE LONGEST PERIOD YOU 20. WHAT IS YOUR USUAL QCCUPATION?				

16. HAVE YOU EVER (Please check at left of each item):

YES	НО	CUCCY EAGU ITEM VE	S OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
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		TO HOLD A JOB BECAUSE OF:	
	x	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	***
	X	B. INABILITY TO PERFORM CERTAIN MOTIONS	
	x	C. INABILITY TO ASSUME CERTAIN POSITIONS	
	.X	D. OTHER MEDICAL REASONS (If yes, give reasons)	·
		23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?	•
	x		·
	 X	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	•
x	-	25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OFERATIONS? (If yes, describe and give - age at which occurred)	Army Air Force Hospital, Hondo, Texas, Tonsilectomy, January, 1943, age 22
x		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)	See above, doctor unknown
	x	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY MOTED? (If yes, specify when, where, and give details)	·
	X	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)	
	x	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	· · · · · · · · · · · · · · · · · · ·
	x	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
~	x	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	·
			·

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

TYPED OR PRINTED NAME OF EXAMINEE

MERTON R.ANDERSON

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR

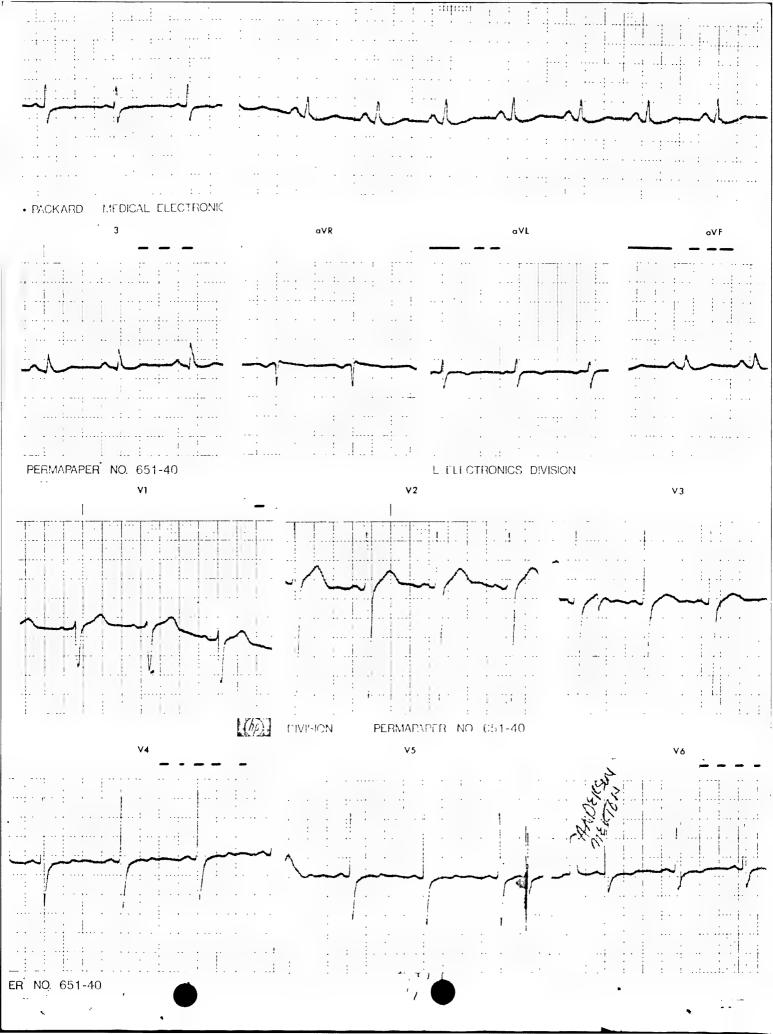
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U. S. P.N. Train Convice Outpating 1988 825 Semil Product St. San Podro, California 90751

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REPORT OF MEDICAL HISTORY U.S. Civil Service Employees and Applicants

This inform	ation is for offici	ial and medically-	-confidential use o	only and will not be	e released to unauth	orized persons.		
1. LAST NAME—FIRST NAME—MIDDLE	HAME		2. TITLE OF POSITION	3. SOCIAL SECURITY NUMBER				
_ANDERSON, N	TERTON R.		SPECIAL	393 ₁ 05 B331				
4. HOME ADDRESS (Number, str	reet or RFD, city or	town, State, and ZI	5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION			
11000 Wilsh	nire Boule	evard						
Los Angeles	s, Califor	rnia		ANNUAL P	ANNUAL PHYSICAL			
7. SEX 8. TOTAL	YEARS GOVERNMENT SERVICE		9. AGENCY					
Male MILITARY	3 ¹ 2 (11)	VILIAN 21		FBI	*			
11. DATE OF BIRTH	12. PLACE OF BIRTH			13. EXAMINING FACILITY OR E	XAMINER, AND ADDRESS (Includ	ing ZIP Code)		
				U S PUB	LIC HEALTH			
7/21/20	Wisco	nsin Del	ls, Wisc.	San Ped	ro, Califor	nia		

16. HAVE YOU EVER (Please check at left of each item):

Good

15. DO YOU (Please check at left of each item):

но			YES	но		(Check each item)							
	WEAR GLA	SSES OR CONTACT LENSES .						x	LIVED WITH A	NYONE WHO	HAD TUBE	RCULOSIS	
	HAVE VIS	ION IN BOTH EYES						x	COUGHED UP I	BLOOD			
x	WEAR A I	IEARING AID						×	BLED EXCESSIV	ELY AFTER I	NJURY OR	TOOTH EXTRAC	TION
x	STUTTER (OR STAMMER HABITUALLY											
x	WEAR A E	BRACE OR BACK SUPPORT										_	
OU EVER I	HAD OR HAVE	OU NOW (Please check at	left oj	f each	item):	•							
но	DON'T KNOW	(Check each item)		YES	КО	DON'T KNOW	(Che	eck each	item)	YES	МО	DON'T KNOW	(Check each item)
x		SCARLET FEVER, ERYSIPELAS			X		ASTHMA				X		RECENT GAIN OR LOSS OF WEIGHT
<u>x</u> _		DIPHTHERIA			X		SHORTNESS (OF BREATH			X		ARTHRITIS OR RHEUMATISM
X		RHEUMATIC FEVER			X		PAIN OR PRI	ESSURE IN	CHEST		X		BONE, JOINT, OR OTHER DEFORMITY
X		SWOLLEN OR PAINFUL JOINTS			X		CHRONIC CO	UGH			X		LAMENESS .
x		MUMPS			X		PALPITATION	OR POUND	ING HEART		X		LOSS OF ARM, LEG, FINGER, OR TOE
X		COLOR BLINDNESS			X		HIGH OR LO	M BFOOD E	RESSURE		x		PAINFUL OR "TRICK" SHOULDER OR ELBOW
X		FREQUENT OR SEVERE HEADACHE			x		CRAMPS IN Y	OUR LEGS			x		RECURRENT BACK PAIN
X		DIZZINESS OR FAINTING SPELLS			X		FREQUENT IN	DIGESTION			x		"TRICK" OR LOCKED KNEE
X		EYE TROUBLE			X		STOMACH, I OR INTESTI	LIVER, NAL TROUB	LE ,		x		FOOT TROUBLE
		EAR, NOSE, OR THROAT TROUBLE			X		GALL BLADDE	R TROUBLE	OR GALLSTONES		X		NEURITIS
		RUNNING EARS			X		JAUNDICE				X		PARALYSIS (Inc. infantile)
X		HEARING LOSS			X		ANY ADVERS	E REACTION	TO SERUM,		X		EPILEPSY OR FITS
X		CHRONIC OR FREQUENT COLDS			x						X		CAR, TRAIN, SEA, OR AIR SICKNESS
X		SEVERE TOOTH OR GUM TROUBLE			X		TUMOR, GRO	WTH, CYSI	, OR CANCER		X		FREQUENT TROUBLE SLEEPING
X		SINUSITIS			X		RUPTURE/H	ERNIA			X		FREQUENT OR TERRIFYING NIGHTMARES
X		HAY FEVER			X		APPENDICITI:	s			X		DEPRESSION OR EXCESSIVE WORRY
x		HEAD INJURY			X		PILES OR RE	CTAL DISEA	SE '		X		LOSS OF MEMORY OR AMNESIA
X		SKIH DISEASES			X		FREQUENT O	R PAINFUL	URINATION		X		NERVOUS TROUBLE OF ANY SORT
X		GOITER			X		KIDNEY STOP	E OR BLOC	D IN URINE		x		ANY DRUG OR HARCOTIC HABIT
X		TUBERCULOSIS			X		SUGAR OR A	LBUMIN IN	URINE		X		EXCESSIVE DRINKING HABIT
x		SOAKING SWEATS (Night swea	ts)		x		BOILS				X		PERIODS OF UNCONSCIOUSNESS
	ća.			LONGEST THESE JO	PERIOD Y	iree	20.	WHAT IS Y	our usual occi	PATION? Ager	ıt	2	I. ARE YOU (Check one) RIGHT HANDED LEFT HANDED
		JITE WONI	is		<u>y</u> (ears							RIGHT HANDED LEFT HANDED OPTIONAL FORM 58
	X X X X X X X X X X X X X X X X X X X	WEAR GLA HAVE VISI X WEAR A P X STUTTER G X WEAR A P NO DON'T KNOW X X X X X X X X X X X X X X X X X X X	WEAR GLASSES OR CONTACT LENSES HAVE VISION IN BOTH EYES X WEAR A HEARING AID X STUTTER OR STAMMER HABITUALLY X WEAR A BRACE OR BACK SUPPORT OU EVER HAD OR HAVE YOU NOW (Please check at NO DON'T KNOW (Check each item) X SCARLET FEVER, ERYSIPELAS X DIPHTHERIA X RHEUMATIC FEVER X SWOLLEN OR PAINFUL JOINTS X HUMPS X COLOR BLINDNESS X FREQUENT OR SEVERE HEADACHE X DIZZINESS OR FAINTING SPELLS X EYE TROUBLE EAR, NOSE, OR THROAT TROUBLE RUNNING EARS X HEARING LOSS X CHRONIC OR FREQUENT COLDS X SEVERE TOOTH OR GUM TROUBLE X SINUSITIS X HAY FEVER X HEAD INJURY X SKIN DISEASES X GOITER X TUBERCULOSIS X SOAKING SWEATS (Night studenting years) LANY JOBS HAVE YOU HAD IN THE HELD LANY JOBS HAVE YOU HAD IN THE HELD 19. WHAT HELD	WEAR GLASSES OR CONTACT LENSES HAVE VISION IN BOTH EYES X WEAR A HEARING AID X STUTTER OR STAMMER HABITUALLY X WEAR A BRACE OR BACK SUPPORT OU EVER HAD OR HAVE YOU NOW (Please check at left of the continuous of the continuo	WEAR GLASSES OR CONTACT LENSES HAVE VISION IN BOTH EYES X WEAR A HEARING AID X STUTTER OR STAMMER HABITUALLY X WEAR A BRACE OR BACK SUPPORT OU EVER HAD OR HAVE YOU NOW (Please check at left of each NO DON'T KNOW (Check each item) YES SCARLET FEVER, ERYSIPELAS X DIPHTHERIA X RHEUMATIC FEVER X SWOLLEN OR PAINFUL JOINTS X COLOR BLINDNESS X FREQUENT OR SEVERE HEADACHE X DIZZINESS OR FAINTING SPELLS X EYE TROUBLE EAR, NOSE, OR THROAT TROUBLE RUNNING EARS X CHRONIC OR FREQUENT COLDS X SEVERE TOOTH OR GUM TROUBLE X SINUSITIS X HAY FEVER X HEAD INJURY X SKIN DISEASES X GOITER X TUBERCULOSIS X SOAKING SWEATS (Night sweats) LANY JOBS HAVE YOU HAD IN THE HELD ANY OF THESE J HELD ANY OF THESE J HELD ANY OF THESE J HELD ANY OF THESE J HELD ANY OF THESE J	WEAR GLASSES OR CONTACT LENSES HAVE VISION IN BOTH EYES X WEAR A HEARING AID X STUTTER OR STAMMER HABITUALLY X WEAR A BRACE OR BACK SUPPORT OU EVER HAD OR HAVE YOU NOW (Please check at left of each item): NO DON'T KNOW (Check each item) YES NO X SCARLET FEVER, ERYSIPELAS X X DIPHTHERIA X RHEUMATIC FEVER X SWOLLEN OR PAINFUL JOINTS X X MUMPS X COLOR BLINDNESS X X FREQUENT OR SEVERE HEADACHE X X EYE TROUBLE X EAR, NOSE, OR THROAT TROUBLE X RUNNING EARS X CHRONIC OR FREQUENT COLDS X X SEVERE TOOTH OR GUM TROUBLE X X SINUSITIS X HAY FEVER X X HEAD INJURY X SKIN DISEASES X X GOITER X LANY JOBS HAVE YOU HAD IN THE HEEE YEARS? LANY JOBS HAVE YOU HAD IN THE HEEE YEARS? LANY JOBS HAVE YOU HAD IN THE HEEE YEARS? LANY JOBS HAVE YOU HAD IN THE HEEE YEARS? LANY JOBS HAVE YOU HAD IN THE HEEE YEARS? LANY JOBS HAVE YOU HAD IN THE HEEE YEARS? LANY JOBS HAVE YOU HAD IN THE HEEE YEARS? LANY JOBS HAVE YOU HAD IN THE HEEE YEARS? LANY JOBS HAVE YOU HAD IN THE HEEE YEARS? LANY JOBS HAVE YOU HAD IN THE HEEE YEARS? LANY JOBS HAVE YOU HAD IN THE HEEE YEARS? LANY JOBS HAVE YOU HAD IN THE HEEE YEARS? LANY JOBS HAVE YOU HAD IN THE HEEE YEARS? LANY JOBS HAVE YOU HAD IN THE HEEE YEARS?	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X FREQUENT OR SEVERE HEADACHE X CRAMPS IN X FREQUENT OR SEVERE HEADACHE X GRAMPS IN X EYE TROUBLE X STOMACH. X EYE TROUBLE X GALL BLADDE X HEARING LOSS X DAWLOG, OR X HEARING LOSS X DAWLOG, OR X HEARING LOSS X DAWLOG, OR X SEVERE TOOTH OR GUM TROUBLE X RUPPURE/HI X HAY FEVER X APPENDICITI X HAY FEVER X APPENDICITI X HAY FEVER X APPENDICITI X HAY FEVER X APPENDICITI X HAY FEVER X APPENDICITI X HAY FEVER X APPENDICITI X HAY FEVER X APPENDICITI X HELD ANY OF THESE JOBS? THE CORES PERIOPPYOUL CORE. AND JOBS HAVE YOU HAD IN THE HELD ANY OF THESE JOBS? THE CORES.	WEAR GLASSES OR CONTACT LENSES . X HAVE VISION IN BOTH EYES . X WEAR A HEARING AID . X STUTTER OR STAMMER HABITUALLY . X WEAR A BRACE OR BACK SUPPORT	WEAR GLASSES OR CONTACT LENSES NAVE VISION IN BOTH EYES NEAR A HEARING AID X WEAR A HEARING AID X STUTTER OR STAMMER HABITUALLY X WEAR A BRACE OR BACK SUPPORT OU EVER HAD OR HAVE YOU NOW (Please check at left of each item): NO DON'T KNOW (Check each item) YES NO DON'T KNOW (Check each item) X SCARLET FEVER, ERYSIPELAS X ASTHMA X DIPHTHERIA X SHORTMESS OF BREATH X RHEUMATIC FEVER X SWOLLEN OR PAINFUL JOINTS X GARLET FEVER, ERYSIPELAS X HIGH OR ROPESSURE IN CHEST X SWOLLEN OR PAINFUL JOINTS X HIGH OR LOW BLOOD PRESSURE X FREQUENT OR SEVERE HEADACHE X FREQUENT OR SEVERE HEADACHE X DIZZINESS OR FAINTING SPELLS X FREQUENT INDICESTION X EVE TROUBLE DIZZINES OR FAINTING SPELLS X HEARING LOSS X DAWNING EARS X JAUNDICE X HEARING LOSS X DRUG, OR MEDICINE X GALL BLADDER TROUBLE OR GALLSTONES X HEARING LOSS X DRUG, OR MEDICINE X HEARING LOSS X DRUG, OR MEDICINE X HEARING LOSS X DRUG, OR MEDICINE X HEARING LOSS X DRUG, OR MEDICINE X HEARING LOSS X DRUG, OR MEDICINE X HEARING LOSS X DRUG, OR MEDICINE X HEARING LOSS X DRUG, OR MEDICINE X HEARING LOSS X DRUG, OR MEDICINE X HEARING LOSS X DRUG, OR MEDICINE X HEARING LOSS X DRUG, OR MEDICINE X HEARING LOSS X DRUG, OR MEDICINE X HEARING LOSS X DRUG, OR MEDICINE X HEARING LOSS X DRUG ROWTH, CYST, OR CANCER X SINUSTILS X HEARING LOSS X SKIH DISEASES X HERCUENT OR PAINFUL URINATION X SUGRA OR ALBUMIN IN URINE X SOAKING SWEATS (Night sweats) X SUGAR OR ALBUMIN IN URINE HILD ANY OF THESE JOSS? 20. WHAT IS YOUR USUAL OCC. SPECIAL COMMENT LIVER 19. WHAT IS THE LONGEST PERIOP, YOUR AD IN THE HILD ANY OF THESE JOSS?	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^{14.} STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

YES	NO	CHECK EACH ITEM AEC	OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	- "-	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE	AN UNIVERSITY AND AND DE LOTEL EXTENSION IN BOARD STATE ON MOUNT
	x	TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
	x	B. INABILITY TO PERFORM CERTAIN MOTIONS	
	x	C. INABILITY TO ASSUME CERTAIN POSITIONS	
	x	D. OTHER MEDICAL REASONS (If yes, give reasons)	
	x	23. HAYE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?	·
	x	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
x		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	Army Air Force Hospital, Hondo, Texas
x		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)	Tonsilectomy, January, 1943, Age 22 See above, doctor unknown
	x	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
	x	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)	
	х	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejec- tion)	•
	х	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of dis- charge: whether honorable, other than honorable, for unfitness or unsuitability)	
	х	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABility? (If yes, specify what kind, granted by whom, and what amount, when, why)	

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

MERTON R. ANDERSON

Merton R. anderson

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

GREG SUPER, M.D., SURGEON (R)

DATE 4/4/72.

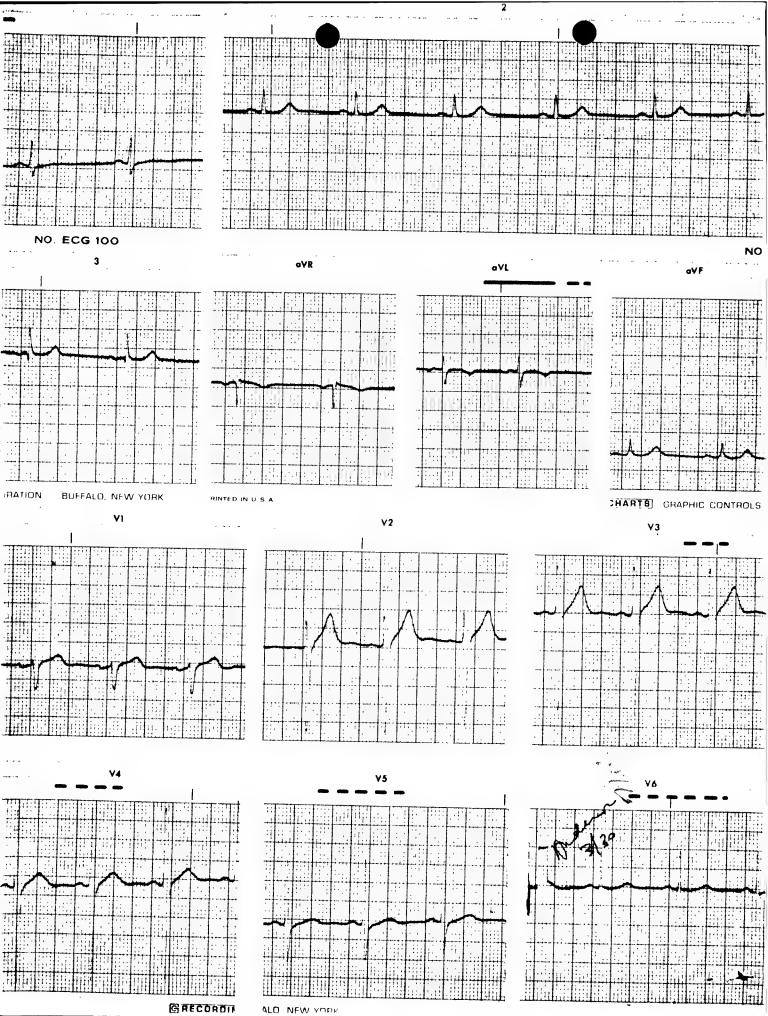
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6. Eugen, MA

NUMBER OF ATTACHED

SHEETS

MAK 5 U 1313 DATE_ ADDRESS___ ANDERSON, MERTON R. _OCCUPATION__ TEL. NO.__ SEX________HT._______WT._____ HISTORY_ QUINIDINE_____OTHER_____PAT. POS.____ AURIC. RATE_____ P WAVES_____ Q-T INT.__ VENT. RATE ______ P-R INT. _____ S-T SEG, _____ FINDINGS._____ U. S. Public Health Service Outpatient Clinic 825 South Beacon St. San Pedro, California 90731 REMARKS. Since 4/72 unget 57-7 doubt 14 \$ 57 TU'S



Special Agent

JA GSA	PPMR	RY 1971 101–1	1.8						Offi	ice of	f Mainag	gement and Budget No. 29-R019		
				REI	POF	RT O	F MEDICAL	HISTORY	,		***************************************			
	(THIS IN	FORMATION IS FOR OFFICIAL AND			_				LEAS	ED TO U	NAUTHORIZED PERSONS)		
1.	LAST	NAME-	-FIRST NAME-MIDDLE NAME					2. SOCIAL SEC	CURIT	Y OF	IDENT	IFICATION NO.		
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			ESS (No. street or RFD, city or tow		ate, a	nd ZIP (CODE)	4. POSITION (onent)		
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I	os	Ang	geles, California	a '	-			SPE	CI.	AL	AGE	NT		
5.	5. PURPOSE OF EXAMINATION 6. DATE OF EXAMINATION 7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)													
,	ANNUAL PHYSICAL 3/30/73 US PUBLIC HEALTH													
San Pedro, California														
8.	8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)													
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<u> — </u>	~	YOU E	VER (Please check each item)	•					10.	DO Y	OU (Ple	ase check each item)		
YES				eck e	ach	item)			YES	NO		(Check each item)		
<u> </u>	X		with anyone who had tuberculosis						X			glasses or contact lenses		
_	X		ed up blood						X			vision in both eyes		
	X		xcessively after injury or tooth ext	ractio	on					<u>x</u>		a hearing aid r or stammer habitually		
<u> </u>	X	•	oted suicide sleepwalker							_X_ X		brace or back support		
11.		<u> </u>	VER HAD OR HAVE YOU NOW (Ple	ase c	heck	at left of	f each item)			Α_	WCai e	brace or back support		
		DON'T			T	DON'T			<u>.</u>		DON'T			
YES		KNOW	(Check each item)	YES		KNOW			YES		KNOW	(Check each item)		
<u> </u>	X		Scarlet fever, erysipelas Rheumatic fever	-	X	<u> </u>	Cramps in your le Frequent indigest			<u> X</u>		"Trick" or locked knee Foot trouble		
-	X		Swollen or painful joints		X		Stomach, liver, or int		\vdash	x		Neuritis		
	X		Frequent or severe headache		X		Gall bladder trouble			X		Paralysis (include infantile)		
	x		Dizziness or fainting spells		x		Jaundice or hepat	itis		x		Epilepsy or fits		
	x		Eye trouble				Adverse reaction	to serum, drug,		X		Car, train, sea or air sickness		
x			Ear, nose, or throat trouble		L _x		or medicine			X_		Frequent trouble sleeping		
	х		Hearing loss		х		Broken bones	-		X		Depression or excessive worry		
	_x		Chronic or frequent colds		X		Tumor, growth, cy	st, cancer		_X_		Loss of memory or amnesia		
<u> </u>	_x		Severe tooth or gum trouble		X		Rupture/hernia			Х.		Nervous trouble of any sort		
	Х		Sinusitis	<u> </u>	<u>x</u>		Piles or rectal disc					Periods of unconsciousness		
	X		Hay Fever	-	X		Frequent or painf Bed wetting since							
 	X		Head Injury Skin diseases	\vdash	X		Kidney stone or bl					v		
-	X		Thyroid trouble		X		Sugar or albumin							
-	X X		Tuberculosis		X		VD—Syphilis, gor							
	X		Asthma		x		Recent gain or los							
	x		Shortness of breath		x		Arthritis, Rheumatism	ı, or Bursitis						
	x		Pain or pressure in chest		x		Bone, joint or othe	er deformity						
	x		Chronic cough		x		Lameness							
<u> </u>	x		Palpitation or pounding heart		X		Loss of finger or t		12.	FEM/	ALES ON	ILY: HAVE YOU EVER		
<u> </u>	x		Heart trouble		x		Painful or "trick" sh					Been treated for a female disorder		
<u> </u>	X		High or low blood pressure		X		Recurrent back pa	ain				Had a change in menstrual pattern		
\vdash				 	-	 					 `			
13.	MHV.	T IS YO	UR USUAL OCCUPATION?	<u> </u>			<u> </u>		14.	ARE	YOU (C	heck one)		
											10			

Left handed

X Right handed

NC	CHECK EACH ITEM YES OR NO. EV	ERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
2%	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	
ZX.	B. Inability to perform certain motions.	
X	C. Inability to assume certain positions.	
28	D. Other medical reasons (If yes, give	
3	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).	
2	17. Have you ever been denied life insurance? (If yes, state reason and give details.)	Tonsillactory
] 2	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	Army Air Force Hospital, Hondo, Texas January, 1943, Age 22;
2	19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	Doctor Unknown
2	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
7	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	Cin ac 10
	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	•
] ;	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)	
:	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	

authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE

MERTON R. ANDERSON

SIGNATURE

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY." 25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

TYPED OR PRINTED NAME OF PHYSICIAN OR DATE EXAMINER BACILY, E.D., S.A. SURGEON AND STREET OF THE PROPERTY OF T

SIGNATURE

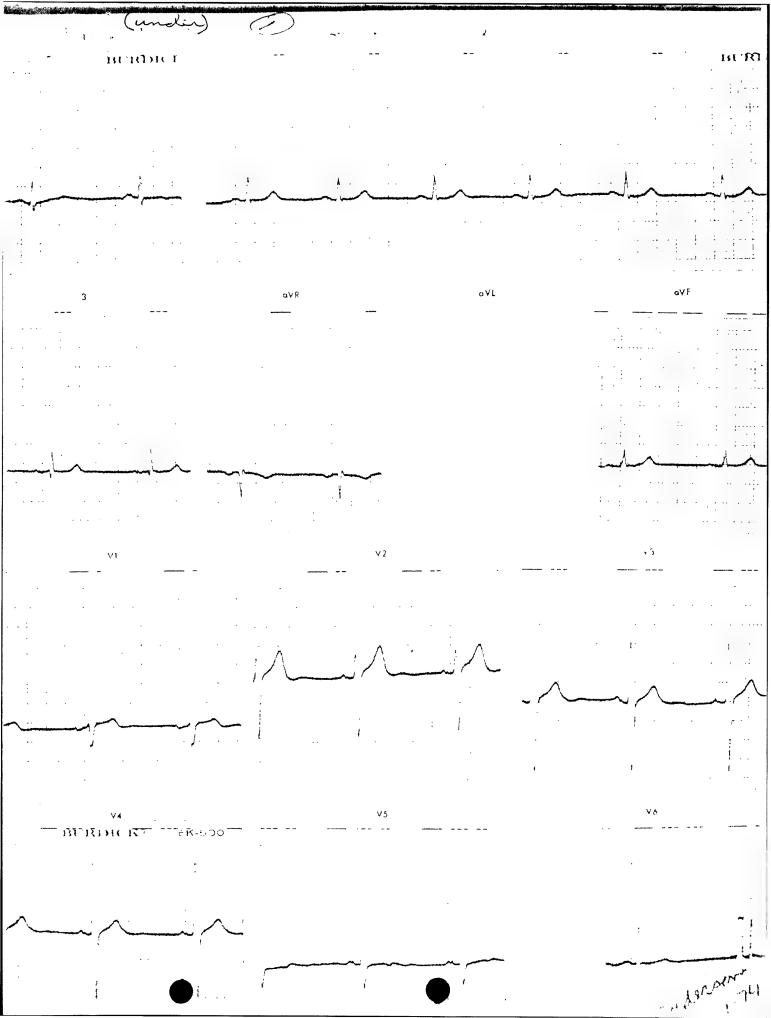
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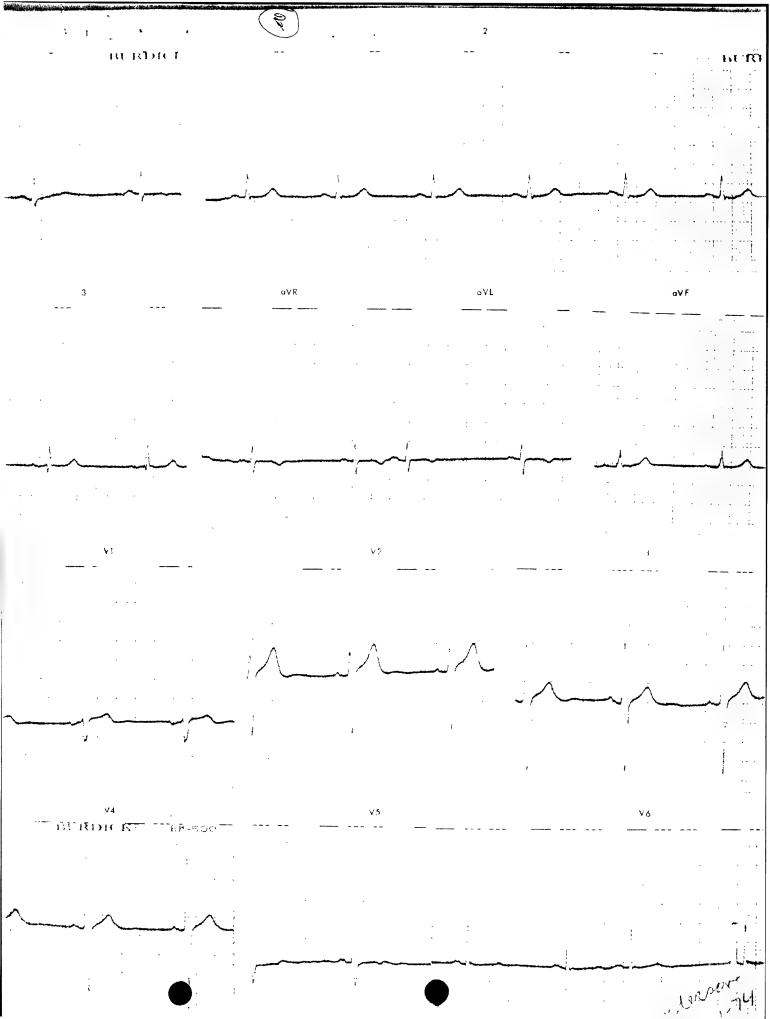
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ÅN	LAST DEI	RSON	FIRST NAME—MIDDLE NAME MERTON R.					2. social sec 393 05	33.	31°	IDENT	IFICATION NO.	
3.	номі	E ADDR	ess (No. street or RFD, city or tow 1shire Boulevard	n, Sta	ate, a	nd ZIP (CODE)	4. POSITION (7	Γitle,	grade	, comp	onent)	
				į					Λ.	ATTIT.	רות		
חת	Los Angeles, California SPECIAL AGENT												
ŀ	5. PURPOSE OF EXAMINATION 6. DATE OF EXAMINATION 7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) U S PUBLIC HEALTH												
AN	ANNUAL PHYSICAL 3/27/74 U S PUBLIC HEALTH San Pedro, California												
8.	8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)												
.	8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) Health - good no medications currently being taken												
ŀ													
9.	HAVE	YOU E	VER (Please check each item)						10.	DO Y	OU (Ple	ase check each item)	
YES	NO		(Ch	eck e	ach i	tem)			YES	NO		(Check each item)	
	X		with anyone who had tuberculosis						х		Wear	glasses or contact lenses	
	X Coughed up blood X. Have vision in both eyes												
<u> </u>	X		xcessively after injury or tooth ext	ractio	on					X		a hearing aid	
\sqcup	X	<u> </u>	pted suicide							X		r or stammer habitually	
\sqcup	X	!	sleepwalker	0		-+ !-# 61	f b (term)			X	Weara	brace or back support	
			VER HAD OR HAVE YOU NOW (Plea	ase ci	1eck	, , , , , ,	each item)	· · · · · · · · · · · · · · · · · · ·			DON'T		
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check eacl	h item)	YES		DON'T KNOW	(Check each item)	
	х		Scarlet fever, erysipelas		x		Cramps in your lea	gs		X		"Trick" or locked knee	
	х		Rheumatic fever		х		Frequent indigesti	ion		X		Foot trouble	
	X		Swollen or painful joints		x		Stomach, liver, or inte	estinal trouble		X		Neuritis	
	Х		Frequent or severe headache		x		Gail bladder trouble o	or gallstones		х		Paralysis (include infantile)	
Ш	X		Dizziness or fainting spells		x		Jaundice or hepati	itis	Щ	X		Epilepsy or fits	
<u> </u>	Х		Eye trouble		x		Adverse reaction t	to serum, drug,		X		Car, train, sea or air sickness	
x			Ear, nose, or throat trouble		**		or medicine			X		Frequent trouble sleeping	
	X		Hearing loss		x		Broken bones			X		Depression or excessive worry	
<u> </u>	X		Chronic or frequent colds		X		Tumor, growth, cy	st, cancer	<u> </u>	<u> </u>		Loss of memory or amnesia	
	X		Severe tooth or gum trouble		х		Rupture/hernia		<u> </u>	X		Nervous trouble of any sort	
	Х		Sinusitis		X		Piles or rectal dise			X		Periods of unconsciousness	
	X	<u> </u>	Hay Fever		X		Frequent or painfu	· · · · · · · · · · · · · · · · · · ·					
	X		Head injury	<u> </u>	X		Bed wetting since						
<u> </u>	х		Skin diseases	igsqcup	X		Kidney stone or blo						
	х_	 	Thyroid trouble	<u> </u>	X		Sugar or albumin						
	X		Tuberculosis	igspace	X		VD—Syphilis, gon						
$\vdash \vdash$	X		Asthma	 	х		Recent gain or los		\vdash				
	X		Shortness of breath	 	X	 	Arthritis, Rheumatism						
	X	-	Pain or pressure in chest	$\vdash \vdash$	X	 	Bone, joint or othe	r detormity	 				
	X		Chronic cough		X		Lameness		<u></u>	EEM/	. EC OI	UV. HAVE VOIL EVED	
	X		Palpitation or pounding heart	$\vdash\vdash$			Loss of finger or to Painful or "trick" sho		12.	FEIVI <i>F</i>	LES OF	NLY: HAVE YOU EVER	
$\vdash \vdash \vdash$	X	 	Heart trouble	\vdash	X							Been treated for a female disorder	
	X		High or low blood pressure	\vdash	X.	 	Recurrent back pa	in	\vdash			Had a change in menstrual pattern	
13	WHA.	T IS YOU	UR USUAL OCCUPATION?						14	ARE	YOU (C	heck one)	
10.	*****		cial Agent						X	7	ht hand		

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YES	NO	CHECK EACH ITEM YES OR NO. EV	PERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	x	Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	
	x	B. Inability to perform certain motions.	
	x	C. Inability to assume certain positions.	
	x	D. Other medical reasons (If yes, give reasons.)	
	X.	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).	
	x	Have you ever been denied life insurance? (If yes, state reason and give details.)	
x		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	See below
x		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	Tonsillectomy Army Air Force Hospital, Hondo, Texas, January, 1943, Age 22, Doctor Unknown
	x	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
	x	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
	x	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	
	x	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)	
	x	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	•
l au	thori		supplied by me and that it is true and complete to the best of my knowledge. ioned above to furnish the Government a complete transcript of my medical record for purposes vice.
TYP	ED C	OR PRINTED NAME OF EXAMINEE	Signature R. auderson
NIC:	re. •	Merton R. Anderson	ED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."
25.	Phys	ician's summary and elaboration of all pertinen	ED MARK ENVELOPE "10 BE OPENED BY MEDICAL OFFICER ONLY." it data (Physician shall comment on all positive answers in items 9 through 24. Physician may be deems important, and record any significant findings here.)
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		OR PRINTED NAME OF PHYSICIAN OR INER	DATE NUMBER OF ATTACHED SHEETS
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	HUNTOK R	DATE	APR 1 1974	CODE	
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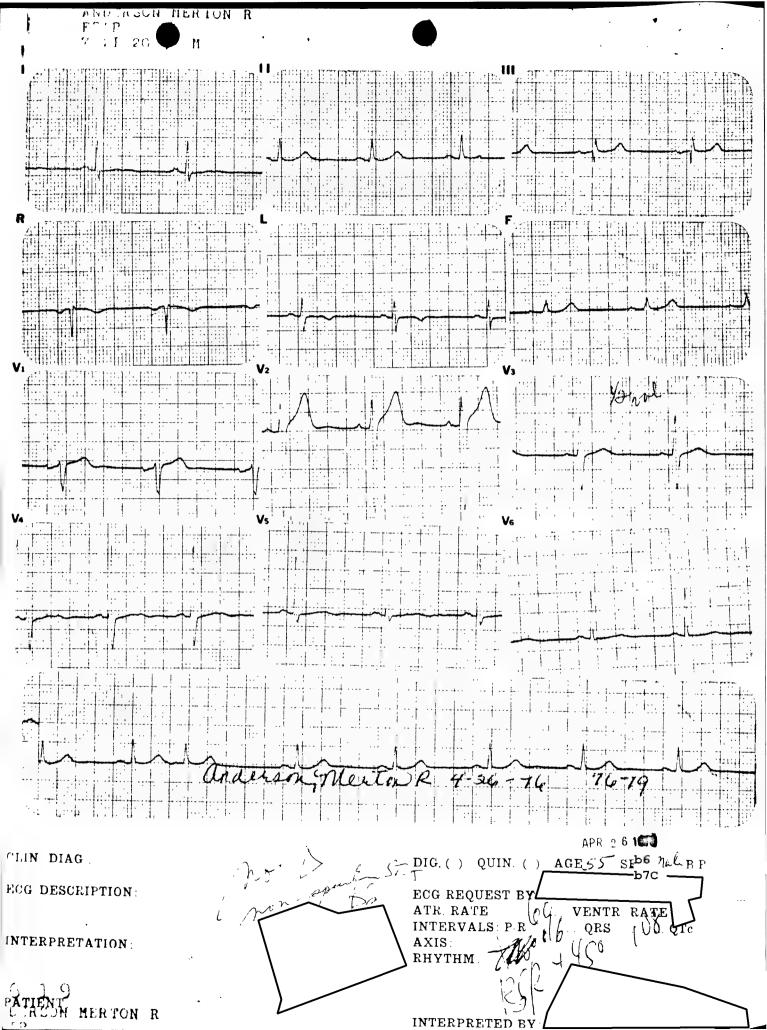
REMARKS:





	,	•		OF MEDICAL	_							
4	. (THIS INFORMATION IS FOR OFFICIAL AND N	MEDICALLY-CON	IFIDENTIAL USE ONLY	AND WILL NOT	BE RE	LEAS	ED TO U	NAUTHORIZ	ED PERSONS)		
1.	LAST	NAME-FIRST NAME-MIDDLE NAME		2. SOCIAL SECURITY OR IDENTIFICATION NO.								
	ANI	DERSON, MERTON R.		3°3 05 3331								
3.		E ADDRESS (No. street or RFD, city or town	, State, and ZI	4. POSITION				onent)	**************************************			
		000 Wilshire Bouleva										
		s Angeles, Californi			SPECIAL AGENT							
	-	OSE OF EXAMINATION	6. DATE	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS								
				(Include ZIP Code) U. S. PUBLIC HEALTH								
	ANI	NUAL PHYSICAL	3/3	San Pedro, California								
8.	STATE	EMENT OF EXAMINEE'S PRESENT HEALTH	I AND MEDICA	TIONS CURRENTLY I	JSED (Follow by	desci	riptio	n of pas	t history, if	complaint exists)		
	NO	YOU EVER (Please check each item)	-b '* '				r 7	UU (Plea	ase check ea			
TES.	NU	(Che Lived with anyone who had tuberculosis	ck each item)			YES	NU	M(c==		each item)		
	V	Coughed up blood	w v			<u>. v</u> _	†		glasses or c vision in bo	ontact lenses		
	بر ک	Bled excessively after injury or tooth extr	eaction		1	V .	+			ATT 10 VALUE		
	بر '''	Attempted suicide	action			_	, <u>v</u>		a hearing a	T		
~	ىر 🗸 ،						-			er habitually		
11	HAVE	Been a sleepwalker YOU EVER HAD OR HAVE YOU NOW (Plea	so chack at lat	t of each item)	-		¥.	vvear a	a brace or ba	ack support		
11.	I	DON'T	se check at let			I		DON'T				
YES		KNOW: (Check each item)	YES NO KNO	(Check ea	ch item)	YES	NO	KNOW	(Che	ick each item;		
		Scarlet fever, erysipelas	$\sqrt{}$	Cramps in your le	egs		1		"Trick" or	locked knee		
	1 1	Rheumatic fever		Frequent indiges	tion		· v_		Foot troub	le		
	1	Swollen or painful joints		Stomach I ver or in	test nal trouble		_		Neuritis			
	3	Frequent or severe headache		Gall bladder trouble	or gallstones		y_		Paralysis (include infantile)		
		Dizziness or fainting spells	, v	Jaundice or hepa	titis				Epilepsy or	fits		
		Eye trouble		Adverse reaction	to serum, drug,				Car, train,	sea or air sickness		
E/	, ,	Ear nose, or throat trouble	/	or medicine			-		Frequent ti	rouble sleeping		
•		Hearing loss		Broken bones			2		Depression	or excessive worry		
	ν.	Chronic or frequent colds	J.	Tumor, growth, c	yst, cancer				Loss of me	mory or amnesia		
	,	Severe tooth or gum trouble		Rupture hernia					Nervous to	ouble of any sort		
	v	Sinusitis		Piles or rectal dis	ease		,		Periods of	unconsciousness		
		Hay Fever		Frequent or pain	ful urination							
	y	Head injury		Bed wetting sinc	e age 12							
		Skin diseases		Kidney stone or b	lood in urine			No.				
		Thyroid trouble		Sugar or albumin	in urine							
		Tuberculosis		VD—Syphilis, go	norrhea, etc.							
		Asthma		Recent gain or lo	ss of weight							
		Shortness of breath		Arthritis, Rheumatisi	n or Bursitis							
		Pain or pressure in chest		Bone, joint or oth	er deformity					_		
		Chronic cough		Lameness								
		Palpitation or pounding heart	toe	12.	FEMA	LES ON	NLY: HAVE Y	OU EVER				
	. ,	Heart trouble		Painful or "trick" s	houlder or elbow				Been treated	for a female disorder		
		High or low blood pressure	1 4	Recurrent back p	ain				Had a change	in menstrual pattern		
_			1							***************************************		
	1											
13.	WHAT	T IS YOUR USUAL OCCUPATION?				14.	ARE	YOU (C	heck one)	1 b6		
						\sqrt{V}	Rig	ht hand	led	b7C		
							-			93–101		

VEC	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
YES	NO V	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	1.	B. Inability to perform certain motions.
	v.	C. Inability to assume certain positions.
	V	D. Other medical reasons (If yes, give reasons.)
1		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).
	٧	17. Have you ever been denied life insurance? (If yes, state reason and give details.)
. '		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
v		ance? (If yes, state reason and give details.) 18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.) 19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.) 20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
	V	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
	V	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
	V	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
	y	23 Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
	J	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)
1 au	thori	that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. ze any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes tessing my application for this employment or service.
TYP	ED (R PRINTED NAME OF EXAMINEE SIGNATURE
E	6	TON K. HODERSON Mirto. X.Co. deres
25.	Phys	AND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY." ician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may p by interview any additional medical history he deems important, and record any significant findings here.)
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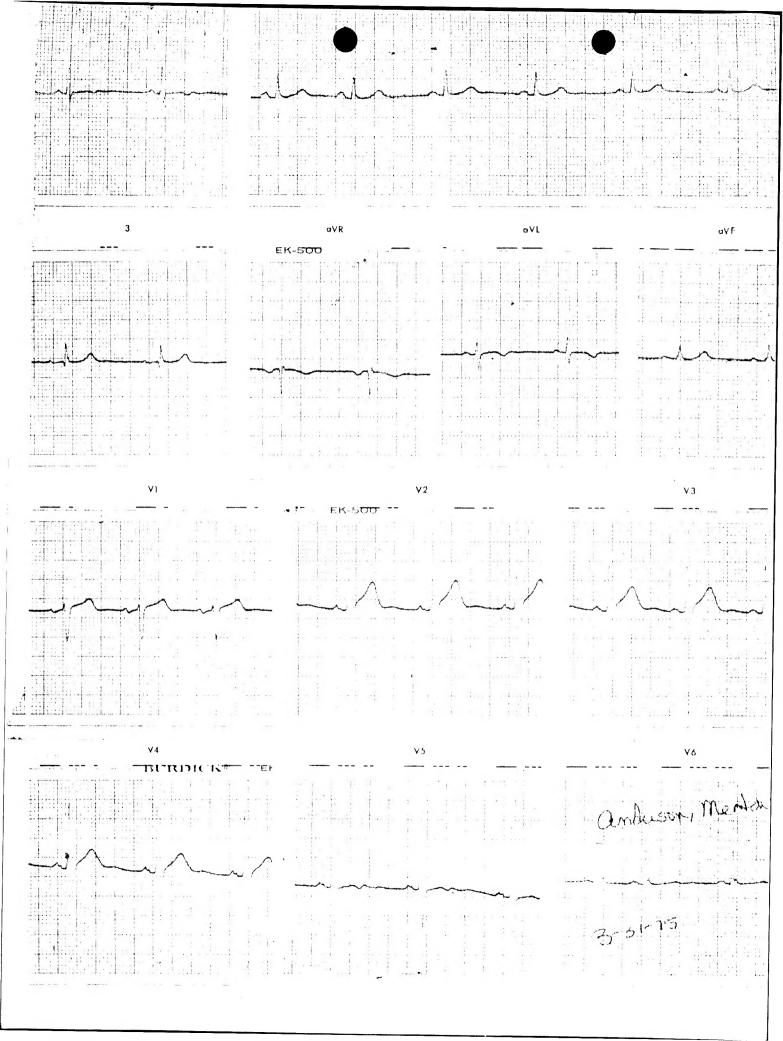


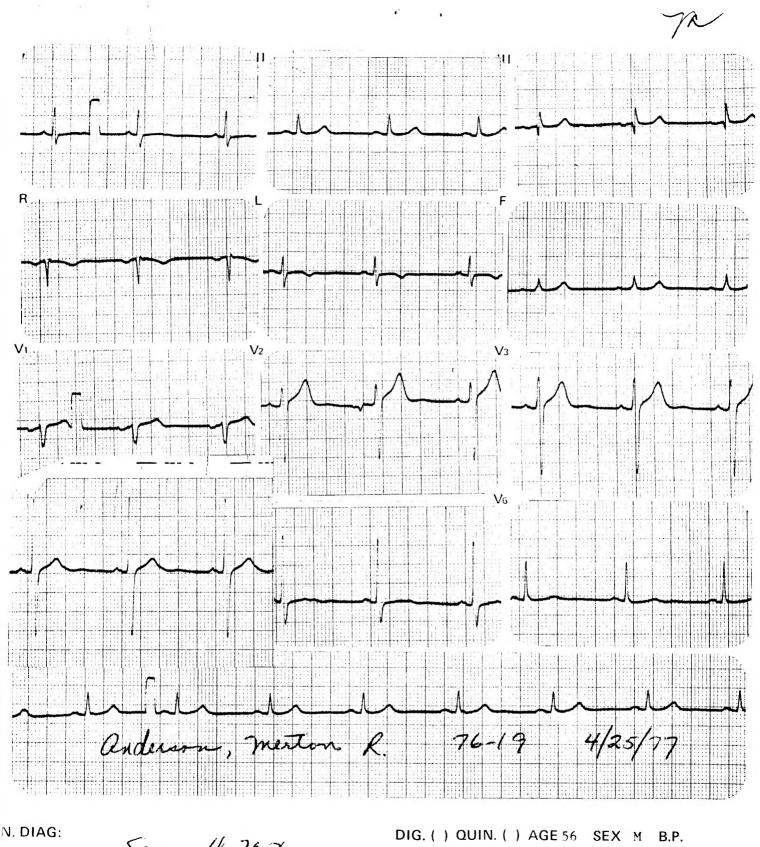
,	REPORT OF MEDICAL HISTORY (THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)														
1.			FIRST NAMEMIDDLE NAME										· · · · · · · · · · · · · · · · · · ·		
				i i	2. SOCIAL SECURITY OR IDENTIFICATION NO. 393 05 3331										
3:	HOM	E ADDR	ON MERTON R. ESS (No. street or RFD, city or tow		4. POSITION (City, grade, component)										
11000 Wilshire Boulevard										4. 1 Control (City, Study, Component)					
	Los	An	geleș, Californi	S	SPECIAL AGENT										
	5. PURPOSE OF EXAMINATION 6. DATE OF EXAMINATION								FAC	ILITY	OR EX	AMINER, AN	ID ADDRESS		
(Include ZIP Code)															
ANNUAL PHYSICAL 4/26/76 U. S. PUBLIC HEALTH San Pedro, California									а						
	8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)														
	Good														
	HAVE	VOII E	VER (Please check each item)						10	DO V	OII (Blo	ase check e	anh itama)		
YES	NO	,	· · · · · · · · · · · · · · · · · · ·	eck e	ach i	tem)				NO	-		each item)		
		Lived v	with anyone who had tuberculosis	COK C	2011					1	Wear		ontact lenses		
	1		ed up blood						V	Ĭ-		vision in bo			
	1	Bled e	xcessively after injury or tooth,ex	tractio	on					,/	Wear	a hearing a	id		
	./	Attem	oted suicide	•		•				1	/Stutte	r or stamm	er habitually		
	1	Been a	sleepwalker							/	Weara	brace or ba	ack support		
11.	HAVE	YOU E	VER HAD OR HAVE YOU NOW (Ple	ase cl	neck :	at left o	f each item)								
YES	МО	DON'T KNOW	(Check each item)	VEG	NO	DON'T KNOW	(Check each ite	·m\	YES	NO	DON'T KNOW	/Cha	ck each item		
123	1/	KITON	Scarlet fever, erysipelas	123	Z	KINOW	Cramps in your legs	,	123	- NO	MINOW		locked knee	''	
	·/		Rheumatic fever	 	1		Frequent indigestion			-/		Foot troub			
	,/		Swollen or painful joints		./		Stomach, liver, or intestina	i trouble		J		Neuritis	·		
	V		Frequent or severe headache	 	1		Gall bladder trouble or gal			1			include infan	tile)	
_			Dizziness or fainting spells		/		Jaundice or hepatitis			V		Epilepsy or			
	1		Eye trouble		<u> </u>		Adverse reaction to se	rum, drug,		7			sea or air sic	kness	
1	_		Ear, nose, or throat trouble		./		or medicine			1/			ouble sleepin		
	/		Hearing loss		*		Broken bones			V	,	Depression	or excessive	worry	
	1		Chronic or frequent colds		,/		Tumor, growth, cyst, ca	ancer		7	./	Loss of me	mory or amn	esia	
	/		Severe tooth or gum trouble		1		Rupture/hernia			~	/	Nervous tr	ouble of any	ort	
	/		Sinusitis		V		Piles or rectal disease			\overline{V}		Periods of	unconscious	ness	
	V.		Hay Fever		√		Frequent or painful ur	rination							
	/		Head injury		V		Bed wetting since age	12							
	1		Skin diseases		1		Kidney stone or blood i	in urine							
	/		Thyroid trouble		1		Sugar or albumin in ur	rine						_	
	V		Tuberculosis		<u>/</u>		VD—Syphilis, gonorrhe							٠.	
	V		Asthma	_	1/		Recentigain or loss of								
	/_		Shortness of breath		~	,	Arthritis, Rheumatism, or B								
	-1/		Pain or pressure in chest		44		Bone, joint or other det	Tormity							
-	/		Chronic cough		V		Loss of finger or too		12	CF***	U ES O	II V. HAVE Y	OIL EVED		
	V/ Heart trouble Painful or "trick" shoulder or elbow Been treated for a female														
\vdash	_		High or low blood pressure	-	V		Recurrent back pain		-			neu a change	in menstrual p	מנוטות	
				-											
13	WHAT	IS YO	UR USUAL OCCUPATION?		<u> </u>	L	<u> </u>		14	ARF	YOU (C	heck one)	ъ6 ——		
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93-101

YES	NO	CHECK EACH ITEM YES OR NO. E	VERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT								
		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc. 									
	$\sqrt{\ }$	B. Inability to perform certain motions.									
	$\int f$	C. Inability to assume certain positions.									
		 D. Other medical reasons (If yes, give reasons.) 									
	·/	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).									
,	V	17. Have you ever been denied life insur- ance? (If yes, state reason and give details.)	See below Joursectomy - Hondo AFB, Zondo Jers Jan 19643 - Dr Elnknown age 2								
√		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	Journald John Stubenson age 2								
\int		 Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.) 									
	1	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	·								
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	<i>J</i>	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)									
	J	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)									
laι	thori		supplied by me and that it is true and complete to the best of my knowledge. tioned above to furnish the Government a complete transcript of my medical record for purposes rvice.								
		R PRINTED NAME OF EXAMINEE RTOWR, AWDERSON	Merton Randerson								
25.	Phys	ician's summary and elaboration of all pertine p by interview any additional medical history h	ED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY." Int data (Physician shall comment on all positive answers in items 9 through 24. Physician may be deems important, and record any significant findings here.)								
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DESCRIPTION: Since 4-26-70, **ERPRETATION:**

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EGG REQUEST BY . VENTR. RATE INTERVALS: P-R 14 QRS 10 QTC AXIS: +60

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(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)													
			-FIRST NAMEMIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.									
	A	<u>NDER</u>	SON, MERTON R.		39.3 05 3331								
ANDERSON, MERTON R. 393 05 3331 3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) 11000 Wilshire Boulevard												onent)	
	Los Angeles, California SPECIAL AGENT												
5. 1	5. PURPOSE OF EXAMINATION 6. DATE OF EXAMINATION 7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)												
	U. S. PUBLIC HEALTH												
	ANNUAL PHYSICAL, 4/25/77 San Pedro, California 8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)												
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)													
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	·/		ed up blood			· ·			V	_		vision in both eyes	
	<i>V</i>	<u>-</u>	xcessively after injury or tooth ex	tractio	on		, , , , , , , , , , , , , , , , , , , ,			1		a hearing aid	
	1	 -	oted suicide							V	Stutte	r or stammer habitually	
	-//	Been a	sleepwalker							1	Weara	a brace or back support	
11.	HAVE	YOU E	ER HAD OR HAVE YOU NOW (Ple	ase cl	neck	at left of	f each item)					•	
VE6	NΩ	DON'T KNOW	(Check each item)	VĖG	NO	DON'T KNOW	(Check eac	h item)	YES	NO	DON'T KNOW	(Check each item)	
IES	1	KNOW	Scarlet fever, erysipelas	1123		KNOW	Cramps in your le		120	/	1411011	"Trick" or locked knee	
	./		Rheumatic fever	╁─	./		Frequent indigest			1/		Foot trouble	
	" /		Swollen or painful joints	╁─	./		Stomach, liver, or int			·/		Neuritis	
	/		Frequent or severe headache	 	7		Gall bladder trouble			1	,	Paralysis (include infantile)	
	1/		Dizziness or fainting spells		1		Jaundice or hepat			V		Epilepsy or fits	
	7		Eye trouble	1	<u> </u>	,	Adverse reaction			./		Car, train, sea or air sickness	
\checkmark	_		Ear, nose, or throat trouble	1	./		or medicine			7		Frequent trouble sleeping	
•	1	_	Hearing loss		./	-	Broken bones			1/		Depression or excessive worry	
	1		Chronic or frequent colds	†	 		Tumor, growth, cy	st. cancer		7		Loss of memory or amnesia	
	1		Severe tooth or gum trouble	t	1		Rupture/hernia			V		Nervous trouble of any sort	
	1		Sinusitis	1	1.7		Piles or rectal dis	ease		7	7	Periods of unconsciousness	
	1		Hay Fever	1	1/		Frequent or painf	ul urination		\$.——		
	/		Head Injury ,	1	1		Bed wetting since	age 12		- :-			
	1		Skin diseases	1			Kidney stone or bi	lood in urine					
	7		Thyroid trouble		1/		Sugar or albumin	in urine			•		
	v/		Tuberculosis	1	1/		VD—Syphilis, gor	norrhea, etc.					
	7		Asthma		./		Recent gain or lo	ss of weight				,	
	7		Shortness of breath		7		Arthritis, Rheumatisn	n, or Bursitis					
	V.		Pain or pressure in chest		1		Bone, joint or oth	er deformity					
	Chronic cough ,/ Lameness												
	V		Palpitation or pounding heart		7		Loss of finger or t	coe	12.	FEM/	ALES OF	NLY: HAVE YOU EVER	
	1		Heart trouble		V.		Painful or "trick" sh	oulder or elbow				Been treated for a female disorder	
Т	V		High or low blood pressure		1	,	ain				Had a change in menstrual pattern		
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13.	WHA	T IS YO	UR USUAL OCCUPATION?						14.			check one)	
. Right handed Left handed										ded Left handed			

		. •								
YES	ΝΟ	CHECK EACH ITEM YES OR NO. EV	RY ITEM CHECKED YES MUST B	E FULLY EXPĻAINED IN BLANK SPACE OI	N RIGHT					
	/	 Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc. 		•						
	V	B. Inability to perform certain motions.								
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V		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	Journaledonny Lexas-Jan. 1.	943- Dr Unhnow	n-age 22					
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	√	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)								
I a	uthori	that I have reviewed the foregoing information ize any of the doctors, hospitals, or clinics men dessing my application for this employment or se	oned above to furnish the Gover	ue and complete to the best of my know nment a complete transcript of my medic	ledge. al record for purposes					
TYI	PED (OR PRINTED NAME OF EXAMINEE	SIGNATURE	rtan R. anders	an					
25.	Phys	IAND TO THE DOCTOR OR NURSE, OR IF MAIL sician's summary and elaboration of all pertine op by interview any additional medical history is	: data (Physician shall comment	ENED BY MEDICAL OFFICER ONLY." t on all positive answers in items 9 throu	•					
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